

EXHIBIT P

From: Guo, Dan <dan.guo@bms.com>
Sent: Thursday, February 11, 2010 1:37 PM
To: Yu, Yue <yue.yu@bms.com>; Salvati, Mark <mark.salvati@bms.com>; Weiss, Marc <marc.weiss@bms.com>; Mcgrath, Holly <holly.mcgrath@bms.com>; Weber, Martin <martin.weber@bms.com>; Kozick, Linda <Linda.Kozick@bms.com>
Subject: RE: Alimta Usage Tracking in NSCLC_2_2_2010.ppt

Yue, thanks a lot, Dan

From: Yu, Yue
Sent: Thursday, February 11, 2010 11:54 AM
To: Guo, Dan; Salvati, Mark; Weiss, Marc; Mcgrath, Holly; Weber, Martin; Kozick, Linda
Subject: RE: Alimta Usage Tracking in NSCLC_2_2_2010.ppt

Dan:
Attached are the IntrinsiQ NSCLC data you requested.

IMS doesn't offer US oncology data in that IntrinsiQ is its US affiliate and offers US Oncology data.

Please let me know if you have further questions.

Yue

From: Guo, Dan
Sent: Tuesday, February 09, 2010 12:15 PM
To: Yu, Yue; Salvati, Mark; Weiss, Marc; Mcgrath, Holly; Weber, Martin; Kozick, Linda
Subject: FW: Alimta Usage Tracking in NSCLC_2_2_2010.ppt

Yue,

For the Alimta tracking slides,

Slide 4: Alimta regimen gained ~15% share points in 2009. What were major regimens losing shares last year?

Slide 5 & 10: In Europe, it appears that Lilly has successfully positioned Alimta and Gemzar for N-S and Squamous, respectively.

Slide 8: the "V" curve is interesting. No new data in squamous. What is the driver?

Slide 4 & 12: the Alimta share pick-up in 2H09 appeared driven by the use of Alimta as monotherapy, ie, maintenance therapy.

Overall, the US and EU data are telling different stories, in particular, in 2nd line.

1. Could you send me the raw IntrinsiQ data including all major regimens in 1st and 2nd line?
2. Do you also have the IMS US data? We need to analyze if the IMS US and IntrinsiQ data are consistent.

Thank you for your help,

From: Mcgrath, Holly <holly.mcgrath@bms.com>
Sent: Tuesday, October 13, 2009 10:32 AM
To: Yu, Yue <yue.yu@bms.com>
Subject: Alimta

Hi Yue,

Jessica Lu is going to come talk to you about a secondary data analysis on lung specifically looking at Alimta. I would like you to work on this for her as you will be having a lot of involvement in lung.

Thanks -

Holly

*Bristol-Myers Squibb
Marketing Research Director, Global Oncology
Ph 609-252-3795
holly.mcgrath@bms.com*

From: Yu, Yue <yue.yu@bms.com>
Sent: Wednesday, September 30, 2009 9:51 AM
To: Heinberg, Susan <susan.heinberg@bms.com>; Hunt, William <william.hunt@bms.com>
Subject: RE: ER positive breast cancer treatment Summary
Attach: Endocrine Sensitive Breast Cancer Treatment US and EU.ppt

Bill and Susan,

Attached is the revised ER positive breast cancer treatment summary. I did not provide the Trend for the hormonal treatment with a targeted agent since the usage is very small and the data don't support such analysis.

Note: slide 9 and slide 10 are the same; slide 9 is the explanation for slide 10.

Please let me know if you have any questions.

Best regards

Yue

From: Heinberg, Susan
Sent: Tuesday, September 29, 2009 12:32 PM
To: Yu, Yue
Subject:

Hi Yue

Please find attached the template for the presentation we'll be giving to the DST next week (for purposes of formatting the slides). For purposes of tomorrow's meeting (planned for 1:30pm), I would appreciate any update you could send me by tomorrow am, even if not formatted yet.

Susan

BMS01185

From: Mehreja, Rishabh <rishabh.mehreja@bms.com>
Sent: Thursday, November 5, 2009 4:04 PM
To: Yu, Yue <yue.yu@bms.com>; Pettiecord, Denise <denise.pettiecord@bms.com>
Subject: RE: ER+ BC data request

Yue,
Thanks so much for following up on this. I truly appreciate it.

Rishabh

From: Yu, Yue
Sent: Thursday, November 05, 2009 3:59 PM
To: Mehreja, Rishabh; Pettiecord, Denise
Subject: ER+ BC data request

Denise and Rishabh,

I would like to provide an update on the data request we discussed on 11/4/09.

We don't have the data of all drug-treated patients BC. I have requested the data from IMS and IntrinsiQ. We should be able to receive the data no later than next Monday.

I will keep you posted if changes occur.

Best regards

Yue

From: Yu, Yue <yue.yu@bms.com>
Sent: Friday, November 6, 2009 11:15 AM
To: Weiss, Marc <marc.weiss@bms.com>
Subject: RE: Market Tracking
Attach: Alimta Usage Tracking in NSCLC.ppt

Marc,

Thank you.

Attached is the Alimta tracking deck populated with data. It is interesting that Alimta usage in 2nd line has maintained in EU and grown in US.

Please let me know if you have questions.

Best regards

Yue

From: Weiss, Marc
Sent: Tuesday, November 03, 2009 3:19 PM
To: Yu, Yue
Cc: Mcgrath, Holly; Lu, Jessica
Subject: RE: Market Tracking

PERFECT!!!

Thank you for this very quick synopsis.

From: Yu, Yue
Sent: Tuesday, November 03, 2009 3:02 PM
To: Weiss, Marc
Subject: RE: Market Tracking

Marc,

I just create a deck for the Alima tracking. Please check the business questions and the tracking requests.

I will start to work on the data after your feedback/confirmation.

Best regards

Yue

From: Weiss, Marc
Sent: Tuesday, November 03, 2009 1:52 PM
To: Guo, Dan; Masetti, Giorgio; Weber, Martin
Cc: Yu, Yue; Heinberg, Susan; Cavallaro, John
Subject: Market Tracking

Dan, Giorgio, Martin,

Susan, John and I provided some additional guidance to Yue this morning after the TSG call ended. She will have a revised version of the tracking to me by the end of the week and I will pass this on to you.

thanks,
Marc

From: Pettiecord, Denise <denise.pettiecord@bms.com>
Sent: Tuesday, November 10, 2009 9:05 AM
To: Yu, Yue <yue.yu@bms.com>; Mehreja, Rishabh <rishabh.mehreja@bms.com>
Subject: RE: ER+ BC data request
Attach: Denise Pettiecord2.vcf

Yue,

This looks good. If you could place it in a powerpoint, that would be helpful. The same data for EU is what I am looking for. One question, what makes up the remainder of the market in these settings? Is it chemo, hormones, both, other?

Thanks,

Denise

Denise Pettiecord
Eristol-Myers Squibb
Associate Director
Global Commercialization

609-252-3489
denise.pettiecord@bms.com

From: Yu, Yue
Sent: Monday, November 09, 2009 5:39 PM
To: Pettiecord, Denise; Mehreja, Rishabh
Subject: RE: ER+ BC data request

Hi, Denise and Rishabh,

Attached is the US data for lapatinib and trastuzumab in ER + BC patients share. The shares are for treatment only. For all maintenance treatment, trastuzumab has 100% for every line.

Please let me know whether the data is what you are looking for. I will work on EU data after your feedback. Please let me know if you want the charts to be put on PowerPoint.

best regards

Yue

From: Pettiecord, Denise
Sent: Friday, November 06, 2009 9:48 AM
To: Yu, Yue; Mehreja, Rishabh
Subject: RE: ER+ BC data request

Yue,

Thank you for your work on this, I appreciate it. Monday would be fine to have the information.

Denise

Denise Pettiecord

Bristol-Myers Squibb
Associate Director
Global Commercialization

609-252-3489

denise.pettiecord@bms.com

From: Yu, Yue

Sent: Thursday, November 05, 2009 3:59 PM

To: Mehreja, Rishabh; Pettiecord, Denise

Subject: ER+ BC data request

Denise and Rishabh,

I would like to provide an update on the data request we discussed on 11/4/09.

We don't have the data of all drug-treated patients BC. I have requested the data from IMS and IntrinsiQ. We should be able to receive the data no later than next Monday.

I will keep you posted if changes occur.

Best regards

Yue

BMS01335

From: Weiss, Marc <marc.weiss@bms.com>
Sent: Tuesday, November 10, 2009 4:46 PM
To: Guo, Dan <dan.guo@bms.com>; Weber, Martin <martin.weber@bms.com>; Masetti, Giorgio <giorgio.masetti@bms.com>; Cavallaro, John <john.cavallaro@bms.com>; Heinberg, Susan <susan.heinberg@bms.com>; Morris Singer, Libby <libby.morris-singer@bms.com>
Cc: Yu, Yue <yue.yu@bms.com>; Mcgrath, Holly <holly.mcgrath@bms.com>
Subject: Doublet/Triplet Regimen Tracking: Alimta
Attach: Alimta Usage Tracking in NSCLC (3).ppt; BMS_Alimta_Market_ver1 01.ppt

Lung TSG Team,

Per our recent TSG discussion around the shifting of chemo backbones in doublet and triplet regimens, and performance of Alimta in Non-Sq, please see the attached slide set. *Thanks to Yue Yu for putting this together based on our parameters.*

This viewpoint is very focused on the shifts in regimens in the first line. Therefore, you will not see single agent data. One exception to this are two graphs which show Alimta tracking in 1st vs. 2nd line in US and EU.

I've made a few notes throughout in comment boxes. Please share your feedback, and we can make any adjustments to how this is to be tracked. Following that, we can track this on a monthly or quarterly basis.

I've also included a separate set of slides from an inquiry I placed with Indegene. This provides a more general viewpoint on the growth of Alimta.

Regards,
Marc

From: Yu, Yue <yue.yu@bms.com>
Sent: Thursday, November 12, 2009 11:23 AM
To: Pettiecord, Denise <denise.pettiecord@bms.com>; Mehreja, Rishabh <rishabh.mehreja@bms.com>
Subject: RE: ER+ BC data request

Denise,

The EU data just got in this morning after several rounds of re-dos. The following is the data you requested:

In Chemo + Hormone setting: (IMS Oncology Analyzer MAT 2009 Q3)

Adjuvant: bevacizumab, 0.3%; trastuzumab, 7.7%; lapatinib, 0.3%

1st line MBC: bevacizumab, 9%; trastuzumab, 10.6%; lapatinib, 0.2%

2nd line MBC: bevacizumab, 10.3%; trastuzumab, 15%; lapatinib, 1.7%

In Chemo only setting: (IMS Oncology Analyzer MAT 2009 Q3)

Adjuvant: bevacizumab, 0.9%; trastuzumab, 22%; lapatinib, 0.9%

1st line MBC: bevacizumab, 22.5%; trastuzumab, 22%; lapatinib, 0.5%

2nd line MBC: bevacizumab, 17.2%; trastuzumab, 17.7%; lapatinib, 2.8%

Please let me know if you have questions.

Best regards

Yue

From: Pettiecord, Denise
Sent: Tuesday, November 10, 2009 10:33 AM
To: Yu, Yue; Mehreja, Rishabh
Subject: RE: ER+ BC data request

Yes, I would like the same information for EU. Also, from the data you have, can you tell me what the percentage use of Avastin is in this space as well as in the chemo setting?

Denise Pettiecord

Bristol-Myers Squibb
Associate Director
Global Commercialization

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denise.pettiecord@bms.com

From: Yu, Yue
Sent: Tuesday, November 10, 2009 10:29 AM
To: Pettiecord, Denise; Mehreja, Rishabh
Subject: RE: ER+ BC data request

Ok, Denise,

I will check the same set of numbers for EU.

Yue

From: Pettiecord, Denise
Sent: Tuesday, November 10, 2009 10:28 AM
To: Yu, Yue; Mehreja, Rishabh
Subject: RE: ER+ BC data request

Yue,

Actually, the numbers that you provided on the hormonal agent setting are what I am looking for. I don't need any charts or slides, I will just use the numbers below.

Thanks,

Denise

Denise Pettiecord
Bristol-Myers Squibb
Associate Director
Global Commercialization

609-252-3439
denise.pettiecord@bms.com

From: Yu, Yue
Sent: Tuesday, November 10, 2009 10:05 AM
To: Pettiecord, Denise; Mehreja, Rishabh
Subject: RE: ER+ BC data request

Denise,

Thank you for asking the follow up question in that I just discovered that the recent US report doesn't have the hormonal data. The market share are chemotherapy only.

I looked into a previous report with hormonal data, in general, for ER+ BC patients, hormonal treatment is 80% plus of total treatment across all lines of treatment. In the bigger pie, lapatinib share is less than 1%. Herceptin is used often with hormonal drugs and is about 4 to 5% of total treatment.

Please let me know if you want the market share of total treatment. I will ask intrinsiQ to re-run the data.

As for the PowerPoint, do you have a template for me to use or I can use market research template.

thank you

Yue

From: Pettiecord, Denise

Sent: Tuesday, November 10, 2009 9:05 AM
To: Yu, Yue; Mehreja, Rishabh
Subject: RE: ER+ BC data request

Yue,

This looks good. If you could place it in a powerpoint, that would be helpful. The same data for EU is what I am looking for. One question, what makes up the remainder of the market in these settings? Is it chemo, hormones, both, other?

Thanks,

Denise

Denise Pettiecord
Bristol-Myers Squibb
Associate Director
Global Commercialization

609-252-3489
denise.pettiecord@bms.com

From: Yu, Yue
Sent: Monday, November 09, 2009 5:39 PM
To: Pettiecord, Denise; Mehreja, Rishabh
Subject: RE: ER+ BC data request

Hi, Denise and Rishabh,

Attached is the US data for lapatinib and trastuzumab in ER + BC patients share. The shares are for treatment only. For all maintenance treatment, trastuzumab has 100% for every line.

Please let me know whether the data is what you are looking for. I will work on EU data after your feedback. Please let me know if you want the charts to be put on PowerPoint.

Best regards

Yue

From: Pettiecord, Denise
Sent: Friday, November 06, 2009 9:48 AM
To: Yu, Yue; Mehreja, Rishabh
Subject: RE: ER+ BC data request

Yue,

Thank you for your work on this, I appreciate it. Monday would be fine to have the information.

Denise

Denise Pettiecord

Bristol-Myers Squibb
Associate Director
Global Commercialization

609-252-3489

denise.pettiecord@bms.com

From: Yu, Yue

Sent: Thursday, November 05, 2009 3:59 PM

To: Mehreja, Rishabh; Pettiecord, Denise

Subject: ER+ BC data request

Denise and Rishabh,

I would like to provide an update on the data request we discussed on 11/4/09.

We don't have the data of all drug-treated patients BC. I have requested the data from IMS and IntrinsicIQ. We should be able to receive the data no later than next Monday.

I will keep you posted if changes occur.

Best regards

Yue

BMS01378

From: Foley, Jamie <jamie.foley@bms.com>
Sent: Friday, November 13, 2009 4:27 PM
To: Yu, Yue <yue.yu@bms.com>; Heinberg, Susan <susan.heinberg@bms.com>
Cc: Finley, Anne <anne.finley@bms.com>
Subject: RE: Early and Ixa Giveback

Yue, thank you for driving this, it is very much appreciated. Let's touch base on Monday a.m.

Have a good weekend

Jamie

Jamie Foley
Director, Global Commercialization - Oncology
Bristol-Myers Squibb Company
#609.252.6726

From: Yu, Yue
Sent: Friday, November 13, 2009 4:12 PM
To: Foley, Jamie; Heinberg, Susan
Cc: Finley, Anne
Subject: RE: Early and Ixa Giveback

Jamie,

I would like provide a follow up to my VM to you.

There is \$220K left in Ixa MR budget excluding the \$77K Giveback. However, the \$220K is not sufficient to purchase the entire Adelphi DSP II program (US + EU). Attached is the proposal I received last month from Adelphi which provides cost for each individual country.

I also spoke to Andrew Word forth of Adelphi today to discuss the fielding timeline. The good news is that the fielding has not started and we have the option to incorporate customized questions into the Survey. In addition, Andrew will provide an updated proposal in US dollars next Monday.

I will get in touch with you and Susan next Monday once I have details from Adelphi.

Best regards

Yue

From: Foley, Jamie
Sent: Friday, November 13, 2009 3:22 PM
To: Heinberg, Susan
Cc: Finley, Anne; Yu, Yue
Subject: FW: Early and Ixa Giveback
Importance: High

Susan, we gave back 77k, please find out from Yue how much we have left (it should be a decent amount) and I agree with using it for the Adelphi data base, let's pursue that please. Proposals need to be routed for 11/23

thanks

Jamie

Jamie Foley
Director, Global Commercialization - Oncology
Bristol-Myers Squibb Company
#609.252.6726

From: Finley, Anne
Sent: Tuesday, November 10, 2009 2:09 PM
To: Mcgrath, Holly; Slayton, Dolores
Cc: Foley, Jamie; Guo, Dan; Heinberg, Susan; Kozick, Linda
Subject: RE: Early and Ixa Giveback
Importance: High

Hi Holly,

Reference earlier communications re: 4Q Cost Savings Opportunity across Oncology, please return funds to the business as follows:

77 MR Ixa
228 MR Early Development

Thank you!
Anne

Anne M. Finley
Bristol Myers Squibb
Senior Project Coordinator
609 252 6228
anne.finley@bms.com
Rt. 206 & Province Line Road
Princeton, NJ 08543

From: Finley, Anne
Sent: Tuesday, November 10, 2009 1:01 PM
To: Foley, Jamie; Guo, Dan
Subject: Early and Ixa Giveback

I'm going to return as follows

119.5 EVRI A&P
60 GM Other Oncology A&P
21.5 Ixa A&P
77 MR Ixa (Jamie please communicate to MR to return as part of "4Q Cost Savings Opportunity")
228 MR Early (Jamie please communicate to MR to return as part of "4Q Cost Savings Opportunity")
Total 506K

Thx
Anne

Anne M. Finley
Bristol Myers Squibb
Senior Project Coordinator
609 252 6228
anne.finley@bms.com
Rt. 206 & Province Line Road
Princeton, NJ 08543

BMS01407

From: Heinberg, Susan <susan.heinberg@bms.com>
Sent: Tuesday, November 24, 2009 12:26 PM
To: Yu, Yue <yue.yu@bms.com>; Foley, Jamie <jamie.foley@bms.com>
Cc: Finley, Anne <anne.finley@bms.com>
Subject: RE: Ixa budget update

Thanks Yue Yu for being so proactive. We are very pleased that we will be able to address our questions with these data sets and look forward to the discussion in December.

Do you think there would be any value in getting the same set of Synovate Tandem data for EU as we are getting for US, so that we have 'apples to apples' data for both?

Have we already purchased the DR Gastric report? Are there any other syndicated reports which will be available prior to end of year (from DR or other vendors) re: Lung, Breast, Emerging Markets that you think we might want to consider? I'd be happy to take a look at a list with you later today if you have time.

Another area that comes to mind - is there Endometrial data (how are 1st and 2nd line patients currently being treated, how many patients in each line etc) we might want to purchase - for US, Europe and ROW - which would supplement what we already have. I think we had included that in our 2010 budget but since it is somewhat limited would it make sense to get any this year?

I will touch base with Jamie, but as far as I know we will not need the remaining funds transferred back to us as we have secured funding for all remaining projects for 09.

Susan

From: Yu, Yue
Sent: Tuesday, November 24, 2009 11:40 AM
To: Foley, Jamie; Heinberg, Susan
Cc: Finley, Anne
Subject: Ixa budget update

Jamie and Susan,

Final update on the Ixa budget and data purchased for breast cancer treatment.

We are able to purchase the additional data sets listed as the following:

1. IMS oncology analyzer for China, Taiwan, Japan and South Korea. \$37,891 (MAT Q3, 2009 with historical data)
2. Synovate Tandem Oncology: 12month data for US market \$65,000 (Oct. 2008 to Dec. 2009)

The two data sets combined with the current EU available data will enable the team to provide details about breast cancer treatment by disease stage, line of treatment, ER/PR, HER2 status. The data can also provide treatment switching information and some segmentation factors of hormone sensitive patients.

The data will be delivered in December, 2009. I will schedule a meeting in December to go over detailed business questions and analysis needed to address the needs.

BMS01644

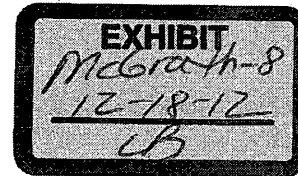
There are about \$115,000 left in the Ixa MR budget. Please let me know if you want to transfer the money back to marketing.

Best regards

Yue

BMS01645

From: Yu, Yue <yue.yu@bms.com>
Sent: Tuesday, January 19, 2010 1:24 PM
To: Cavallaro, John <john.cavallaro@bms.com>
Cc: Weiss, Marc <marc.weiss@bms.com>
Subject: RE: Lung market shares
Attach: Lung Cancer forecast data request_Jan 19_2010_Revised.xls



John,

Attached is the revised workbook with 3rd line plus data.

Please let me know if you have other questions or requests.

Best regards

Yue

From: Cavallaro, John
Sent: Tuesday, January 19, 2010 11:28 AM
To: Yu, Yue
Cc: Weiss, Marc
Subject: RE: Lung market shares

Yes, 3+ for US and EU.

Thanks

JFC

From: Yu, Yue
Sent: Tuesday, January 19, 2010 11:14 AM
To: Cavallaro, John
Cc: Weiss, Marc
Subject: RE: Lung market shares

John,

The EU data is separated. Do you want the 3rd line plus for EU also?

Yue

From: Cavallaro, John
Sent: Tuesday, January 19, 2010 11:13 AM
To: Yu, Yue
Cc: Weiss, Marc
Subject: RE: Lung market shares

Yue,

Thank you for your help on this. Third-line-plus is actually the data we need. We do not want to separate out any treatment lines beyond first and second.

BMS01888

Thanks again
JFC

From: Yu, Yue
Sent: Tuesday, January 19, 2010 11:10 AM
To: Weiss, Marc; Cavallaro, John; Rijhwani, Sushil
Subject: RE: Lung market shares

Marc:

I would like to provide an update on the lung cancer data you requested. I am still waiting for the 3rd line treatment data for both non-squamous and squamous US market. The data provider doesn't have the 3rd line only data. They have the 3rd line plus which includes 3rd line treatment and beyond.

It will take another several days before the 3rd line data could be provided.

I thought you might want to look the available data to start the process. The EU data is complete. I will provide the updated file once the data is available.

Please let me know if you have any questions.

Best regards

Yue

From: Weiss, Marc
Sent: Monday, January 11, 2010 4:55 PM
To: Cavallaro, John; Rijhwani, Sushil
Cc: Yu, Yue
Subject: Lung market shares

John,
I met with Yue Yu this morning and she is going to be putting together the information for us. She is doing some travel this week and hopes to get this completed sooner than later.

thanks,
Marc

BMS01889

From: Yu, Yue <yue.yu@bms.com>
Sent: Tuesday, February 2, 2010 12:49 PM
To: Weiss, Marc <marc.weiss@bms.com>
Subject: Alimta tracking update
Attach: Alimta Usage Tracking in NSCLC_2_2_2010.ppt

Marc,

Attached is the update of the deck. Please let me know if you have questions.

Yue

Yue Yu
Global Oncology Market Research
Bristol-Myers Squibb
Tel: 609-252-6999

BMS01910

From: Weiss, Marc <marc.weiss@bms.com>
Sent: Tuesday, November 10, 2009 4:47 PM
To: Khurana, Chumi <chumi.khurana@bms.com>
Subject: FW: Doublet/Triplet Regimen Tracking: Alimta
Attach: Alimta Usage Tracking in NSCLC (3).ppt; BMS_Alimta_Market_ver1 01.ppt

Hey Chumi,

I plan to show this Alimta tracking at the LCM team meeting - wanted you to have an advance view of this. We can discuss if you have a moment.

thanks,
Marc

From: Weiss, Marc
Sent: Tuesday, November 10, 2009 4:46 PM
To: Guo, Dan; Weber, Martin; Masetti, Giorgio; Cavallaro, John; Heinberg, Susan; Morris Singer, Libby
Cc: Yu, Yue; Mcgrath, Holly
Subject: Doublet/Triplet Regimen Tracking: Alimta

Lung TSG Team,

Per our recent TSG discussion around the shifting of chemo backbones in doublet and triplet regimens, and performance of Alimta in Non-Sq, please see the attached slide set. *Thanks to Yue Yu for putting this together based on our parameters.*

This viewpoint is very focused on the shifts in regimens in the first line. Therefore, you will not see single agent data. One exception to this are two graphs which show Alimta tracking in 1st vs. 2nd line in US and EU.

I've made a few notes throughout in comment boxes. Please share your feedback, and we can make any adjustments to how this is to be tracked. Following that, we can track this on a monthly or quarterly basis.

I've also included a separate set of slides from an inquiry I placed with Indegene. This provides a more general viewpoint on the growth of Alimta.

Regards,
Marc

BMS02178

From: Gutierrez, Lia <lia.gutierrez@bms.com>
Sent: Tuesday, November 24, 2009 12:41 PM
To: Flemmich, Anthony <anthony.flemmich@bms.com>
Cc: Joseph, Jeney <jeney.joseph@bms.com>
Subject: Success Story - Demand Management and Collaboration.xls
Attach: Sucess Story - Demand Mangement and Collaboration.xls

Hi Tony -

As we discussed, I think this would be a great story for your Bob Alt meeting - shows what we can achieve with excellent partners like Yue Yu.

She deserves a spot award - don't know if consultants qualify.

Lia - x2515

Success Story - Collaboration and Demand Management

BMS MR - Yue Yu

BMS GP - Lia Gutierrez, Jeney Joseph

Background:

Ixempra Global Marketing wanted to use the money left over from their 2009 budget. Initially they wanted to buy the Adelphi DSP for Breast Cancer.

Yue's Response

Yue reviewed their request and their information needs then recommended the following:

Buy the IMS Oncology Analyzer and the Synovate Therapy Monitor instead of the Adelphi DSP.

Benefits - better methodology resulting in more relevant data, broader coverage (US + other countries), better pricing

Yue engaged Global Procurement throughout the process.

GP negotiated with the suppliers resulting in huge cost avoidance while meeting the Mercury deadlines.

BMS Core Behaviors -

Collaboration and Teamwork between MR and GP

Innovation - looking at bigger picture (data needs) and finding alternatives to suggested solution

Performance - achieved best value (quality x price) while meeting BU deadlines

Direct communications

Results

Supplier	Original Price	Final Price	Cost Avoidance
Adelphi DSP	\$ 567,000	\$ -	\$ 500,000
IMS Oncology Analyzer	\$ 141,042	\$ 37,891	\$ 103,151
Synovate Therapy Monitor	\$ 69,550	\$ 65,000	\$ 4,550
Total savings for 2 audits	\$ 210,592	\$ 102,891	\$ 107,701
Savings for GM Ixempra		\$ 464,109	

Comment
Yue identified better alternatives
IMS showed 8 countries in their proposal. BMS demanded costs breakdown by country. Yue scaled down to 4 out of the 8 countries given their value to the team and available data history
51% savings from original costs
By buying the 2 audits instead of Adelphi DSP

From: Weiss, Marc <marc.weiss@bms.com>
Sent: Wednesday, January 27, 2010 8:58 AM
To: Salvati, Mark <mark.salvati@bms.com>
Subject: RE: Data on Pemetrexed Use in US
Attach: Alimta Usage Tracking in NSCLC (3).ppt

Hey Mark,

This is the latest data that I have. Yuc Yu is revising this and will have it to me by sometime next week.

>-----Original Message-----

>From: Salvati, Mark

>Sent: Wednesday, January 27, 2010 8:01 AM

>To: Weiss, Marc

>Subject: Data on Pemetrexed Use in US

>

>Marc

>

>Do you have any current data on the use of Pemetrexed doublets versus

>paclitaxel doublets as 1st line therapy for NSCLC in the US? We are

>interested in this data for the Ixa program.

>

>Thanks!

BMS02341

From: Heinberg, Susan <susan.heinberg@bms.com>
Sent: Wednesday, January 27, 2010 5:20 PM
To: Foley, Jamie <jamie.foley@bms.com>
Subject: avastin report from yue yu
Attach: Avastin Usage Tracking in MBC-V4.zip

Jamie

Here's the Avastin report as it stands right now. Yue Yu incorporated all of the changes I requested and I am happy with it. I was thinking that perhaps we could ask her to present to the upcoming 1st L MBC working team meeting or at the next Breast TSG meeting (the disadvantage of the latter is that Linda K would not see it, which is why I think I prefer the former).

We could also have a smaller meeting with Yue Yu beforehand if there are specific questions you want to ask before rolling out to a larger team.

What do you think?

Susan

BMS02344

From: Foley, Jamie <jamie.foley@bms.com>
Sent: Thursday, February 4, 2010 6:21 PM
To: Liu, David <david.liu@bms.com>; Kozick, Linda <Linda.Kozick@bms.com>; Peck, Ronald <ronald.peck@bms.com>; Burgess, Catherine <catherine.burgess@bms.com>; Weil, Catherine <catherine.weil@bms.com>; Smith, Christina <Christina.Smith@bms.com>; Salvati, Mark <mark.salvati@bms.com>; Cavallaro, John <john.cavallaro@bms.com>; Anthes, Robert <robert.anthes@bms.com>; Bielefield, Mariana <Mariana.Bielefield@bms.com>; Mukhopadhyay, Pralay <pralay.mukhopadhyay@bms.com>
Cc: Heinberg, Susan <susan.heinberg@bms.com>
Subject: Request for data on Avastin data
Attach: Avastin Usage Tracking in MBC-V2.ppt

Team, see attached slides of Avastin usage in the US and EU collected by Yu Yue and Susan. Included is a breakdown by EU country. Avastin's usage has been increasing since 2007 on a fairly steady basis. Unless we feel strongly that usage is going to level off, I would think that by the time of our approval it will have grown to 40%-50% in 1L and 2L. I think that patient enrollment could be impacted for sure in a study that did not include Avastin.

Let me know any feedback.

Many thanks

Jamie

BMS02348

From: Heinberg, Susan <susan.heinberg@bms.com>
Sent: Tuesday, February 9, 2010 12:21 PM
To: Foley, Jamie <jamie.foley@bms.com>
Subject: FW: Alimta tracking

Jamie

Based on this data, I do not see a trend toward increased use of docetaxel in 2nd L setting - particularly in Non Squamous due to the impact of Alimta. Did you forward this to Linda K? How do you want to get this information to rest of NSCLC working team (including Remi). It will be important to align on our future view of docetaxel role in 2nd L prior to updating Lung valuations.

Susan

From: Yu, Yue
Sent: Monday, February 08, 2010 1:25 PM
To: Heinberg, Susan
Cc: Foley, Jamie; Salvati, Mark
Subject: RE: Alimta tracking

Susan:

Attached is the updated deck of Alimta tracking per your request. The slides you requested are from Slide 14 to 18. Please let me know if you have any questions.

Best regards

Yue

From: Heinberg, Susan
Sent: Monday, February 08, 2010 10:26 AM
To: Yu, Yue
Cc: Foley, Jamie; Salvati, Mark
Subject:

Hi Yue Yu

Mark Salvati on the Ixempra team forwarded me the latest overview you provided of trends in Alimta usage in 1st and 2nd Line NSCLC in US and EU.

Would it be possible to provide us with a few more slides showing total patient share on Alimta-containing regimens as well as Docetaxel-containing regimens, in US and EU, in the 2nd Line setting (I would need 4 slides - US NS, US Squamous, EU NS, EU Squamous) over the same time period. We are trying to understand whether Alimta's increased usage in 1st Line is leading to an uptake in docetaxel usage in the 2nd L setting.

It is very important for us to understand this trend in order to assess the opportunity for Ixempra in 2nd L setting.

If possible to get back mid-next week I would very much appreciate.

Susan

BMS02354

From: Foley, Jamie <jamie.foley@bms.com>
Sent: Wednesday, February 10, 2010 1:03 PM
To: Kozick, Linda <Linda.Kozick@bms.com>
Subject: FW: Alimta tracking
Attach: Alimta Usage Tracking in NSCLC_2_8_2010.ppt

Linda, Dr Edelman gave us some good feedback. It sounds like 2nd line lung is a pretty viable option. See attached Alimta & Taxotere data - the data doesn't show an increased use of taxotere in 2L, but rather alimta is taking share from taxotere. My guess is that it is too early to see that impact of increased 1L and maintenance use. I am going to talk with Dan to get some clarity around this data and will come back to you.

thanks

Jamie

Jamie Foley
Director, Global Commercialization - Oncology
Bristol-Myers Squibb Company
#609.252.6726

From: Yu, Yue
Sent: Monday, February 08, 2010 1:25 PM
To: Heinberg, Susan
Cc: Foley, Jamie; Salvati, Mark
Subject: RE: Alimta tracking

Susan:

Attached is the updated deck of Alimta tracking per your request. The slides you requested are from Slide 14 to 18. Please let me know if you have any questions.

Best regards

Yue

From: Heinberg, Susan
Sent: Monday, February 08, 2010 10:26 AM
To: Yu, Yue
Cc: Foley, Jamie; Salvati, Mark
Subject:

Hi Yue Yu

Mark Salvati on the Ixemptra team forwarded me the latest overview you provided of trends in Alimta usage in 1st and 2nd Line NSCLC in US and EU.

Would it be possible to provide us with a few more slides showing total patient share on Alimta-containing regimens as well as Docetaxel-containing regimens, in US and EU, in the 2nd Line setting (I would need 4 slides - US NS, US Squamous, EU NS, EU Squamous) over the same time period. We are trying to understand whether Alimta's increased usage in 1st Line is leading to an uptake in docetaxel usage in the 2nd L setting.

BMS02359

It is very important for us to understand this trend in order to assess the opportunity for Ixempra in 2nd L setting.

If possible to get back mid-next week I would very much appreciate.

Susan

BMS02360

From: Guo, Dan <dan.guo1@bms.com>
Sent: Monday, November 9, 2009 11:21 AM
To: Yu, Yue <yue.yu@bms.com>
Subject: RE: KITs for NSCLC project
Attach: JTO Article on NOS.pdf

Yue,

I read the attached article over the past weekend. It shows that in California, NOS is as high as 22% and rising in this very large population.

Could you ask Bernadette of IMS to analyze the EU5 patient data by histology (adenocarcinoma, large cell, squamous, not-otherwise- specified, etc.) and by age and performance status?

I suspect there may be a link between NOS and the elderly or PS2+.

Thank you, Dan

From: Yu, Yue
Sent: Tuesday, November 03, 2009 2:13 PM
To: Guo, Dan
Subject: FW: KITs for NSCLC project

Dan,

Data for EU from IMS just got in. Please let me know if you would like further analysis on the data.

Best regards

Yue

From: BGriffin@us.imshealth.com [mailto:BGriffin@us.imshealth.com]
Sent: Tuesday, November 03, 2009 2:10 PM
To: Yu, Yue
Cc: KPande@us.imshealth.com
Subject: RE: KITs for NSCLC project

Yue,

Attached please find the requested analysis. I have formatted the results into a Pivot Table in Excel, so that you can look at the aggregate as well as the details. Age information is captured only in 5-year increments, so I was only able to group 0-65 and 66+. Stage information has been grouped as Stage 0-I, Stage II, Stage III-IIIa and Stage IIIB-IV. ECOG status has been grouped into PS 0-1 (asymptomatic, symptomatic fully ambulatory) and PS 2+ (symptomatic in bed <50% of the day, symptomatic in bed >50% of the day, bedridden). As requested, regimens have been grouped in the order that they appear in the previous email below. I have also included the individual regimens, to review the regimens that fall into the "all other" bucket. Please note that EGFR status has only been reported since Q2/2008.

Let me know if you have any questions.

Regards,

BMS02480

Bernadette

From: Yu, Yue [mailto:yue.yu@bms.com]
Sent: Tuesday, November 03, 2009 12:20 PM
To: Griffin, Bernadette (Union Meeting)
Subject: FW: KITs for NSCLC project

Dear Bernadette,

Could you please check the request from our brand team listed in the following?

thank you very much

Yue

From: Guo, Dan
Sent: Tuesday, November 03, 2009 12:10 PM
To: Yu, Yue
Subject: RE: KITs for NSCLC project

Yue,

This is very good. I will contact Joe for sales data, as you may not know him.

For the IMS EU patient data, please request

- aggregated data to stage of disease and line of therapy by age, ECOG performance status and EGFR status.
- regimen specific data of the above. The regimen are
 - Avastin+chemo doublet (eg, gem/cis, pac/carbo, etc)
 - Iressa
 - Alimta
 - Alimta+platin (eg, carbo or cis)
 - Alimta+platin+target agent (eg, Avastin)
 - Tarceva
 - Gemcitabine
 - Gemcitabine+platin
 - Taxotere
 - Taxotere+platin

Thank you, Dan

From: BGriffin@us.imshealth.com [mailto:BGriffin@us.imshealth.com]
Sent: Tuesday, November 03, 2009 8:43 AM
To: Yu, Yue
Subject: RE: KITs for NSCLC project

Yue,

Sales data can be obtained by contacting Joe Gazella at BMS. Joe is the owner of the IMS global sales data at BMS.
His contact information is Joseph.gazella@bms.com or

BMS02481

609-252-5483.

Regarding the patient data, I can provide data by age, ECOG performance status and EGFR status as well. The slide referenced in the email was not attached, however, so if you'd like the data to be based on a specific list of products, please forward the list to me. Otherwise, I can provide the data to tumor, stage, line of therapy, cytotoxic regimen and/or molecule; please let me know.

Regards,

Bernadette

Bernadette Griffin

Oncology Specialist, Global Client Services

IMS Health®

and on behalf of IMS AG

960 C Harvest Drive

Blue Bell, PA 19462

voice: 610.238.4288 fax: 610.832.5438

email: bgriffin@us.imshealth.com

www.imshealth.com

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From: Yu, Yue [<mailto:yue.yu@bms.com>]

Sent: Tuesday, November 03, 2009 8:11 AM

To: Griffin, Bernadette (Union Meeting)

Subject: FW: KITs for NSCLC project

Importance: High

Good morning, Bernadette,

I have some questions for you, please see the following. If you have the data, could you provide the data in two days? thank you.

Yue

1. IMS data (see attached slides)

1. Sales \$ data for the approved product list for NSCLC in the US, EU and Japan.
2. Kindly review it and if we missed any product that you know of, please add
3. Sales \$ data for MAT covering the most recent period, and for at least 3 years.

2. IMS patient data- EU5

1. Can we ask for a break out by age (<65 vs ≥65), PS 0-1 vs 2+, and also EGFR status (not sure if they capture it).

BMS02482

From: Heinberg, Susan <susan.heinberg@bms.com>
Sent: Wednesday, February 24, 2010 6:59 PM
To: Mcgrath, Holly <holly.mcgrath@bms.com>; Foley, Jamie <jamie.foley@bms.com>; Guo, Dan <dan.guo@bms.com>
Cc: Kozick, Linda <Linda.Kozick@bms.com>
Subject: RE: MR Consultant - Feedback needed

Holly

I spoke to Jamie and we have the following comments. Jamie, please add anything we may have missed:

1) We have found Yue to be a very valuable MR partner over the past few months. She is very responsive, proactive, engaged and has added a lot of value as we are working on numerous analyses for Ixempria LCM and Breast TSG. We have also benefitted from work she has done for the Lung TSG.

2) We think there would be a lot of value in the continuity of having Yue continue on our ongoing projects, which would mean staying at least through March. She knows the datasources and is familiar with our questions. If we had no support or switched to someone else, it would take time to get that individual up to speed.

3) The most critical project we are currently working with Yue on is analysis of multiple data sources acquired at the end of last year so that we can quantify subopportunities within the HR+ MBC space. This is a critical deliverable for the DST and will inform other TSG workstreams (Scenario Planning, Asset Prioritization). Many asset teams, including Dasatinib, Brivanib, EVRI and IGF-1R are counting on this work so that they can better identify the most valuable subopportunities within this space and the appropriate fit for their programs.

Yue commissioned and is currently working with the vendors to conduct this complex analysis. We believe it will take until at least the end of March to complete.

4) We have also been relying a lot upon Yue as we work on strat plan, various valuations and preparation for our 1st L MBC DP5 step 1. We would appreciate the chance to continue to do this at least through the end of March, and longer if we do not yet have the new headcount from your team in place.

Thanks very much for reaching out to us. Please let Jamie and me know if you need more detail about our current projects with Yue or our experience working with her.

Kind regards

Susan

From: Mcgrath, Holly
Sent: Wednesday, February 24, 2010 8:58 AM
To: Foley, Jamie; Heinberg, Susan; Guo, Dan; Orosz, Jill
Cc: Ross, Adrienne; Kozick, Linda
Subject: MR Consultant - Feedback needed

Hi all -

We have been fortunate to be able to fund our MR consultant thru credits that we had earned with a marketing research vendor, but those credits are now coming to an end. If we are to continue into March and beyond we will need to pay for the consultant thru our MR budget. If we decide not to continue, please be assured that all currently active projects will be brought to conclusion before Yue's time here ends.

Please email me back with your thoughts on continuing Yue's assignment and what projects you would have her working on.

Best -

Holly

Bristol-Myers Squibb
Marketing Research Director, Global Oncology

BMS02531

EXHIBIT Q

Memorandum



Bristol-Myers Squibb Company

Investigation Summary

To: OCE Investigation File
(Holly McGrath)
From: Kathie Mc Elarney
Subject: Investigation Summary

Date: May 2, 2010
cc: Blake Bolinger
Amy Sangrund-Fisher

**PRIVILEGED AND CONFIDENTIAL
ATTORNEY CLIENT COMMUNICATION**

Holly McGrath, Director, Global Market Research, Immunology
DOH – November 1, 2000
Manager - Daniel Stults, Executive Director, Market Research

I. Investigation Background:

On or about March 26, 2010, Yue Yu ("Yu") former GfK contract employee sent an email to Lamberto Andreotti ("Andreotti") President and Chief Operating Officer and James Cornelius ("Cornelius"), Chairman and Chief Executive Officer, to file a complaint against former Bristol-Myers Squibb, Co. ("BMS") employee, Holly McGrath ("McGrath") Director Global Market Research – Immunology. Yu alleges McGrath made false statements about her performance and because of these statements, her contract with GfK was terminated early and she was denied any opportunity to interview for a full-time permanent position with BMS. Yu also alleges that while archiving emails on March 24, 2010, before her assignment was terminated she discovered GfK healthcare's honorarium payment to physicians who participated in primary market research projects exceeded the limits required by BMS. This allegation is identified as a potential compliance violation and will be handled separately under investigation number CC02032. Both investigations were assigned to Kathie McElarney ("McElarney"), Manager, OCE Investigations on March 29, 2010.

II. Employees Interviewed:

During the course of the investigation, the following individuals were interviewed:

Yue Yu	April 1, 2010 and April 12, 2010
Holly McGrath	April 14, 2010
Daniel Guo	April 20, 2010
Jill Orosz	April 29, 2010
Susan Heinberg	May 11, 2010

Yue Yu

On April 1, 2010, McElarney contacted Yu to inform her that she was the assigned investigator reviewing her complaint. McElarney informed Yu that she would review all documents received and contact her to discuss further.

On April 12, 2010, McElarney contacted Yu to discuss the allegations. Yu confirmed she was paid by Scientific Search as a Market Researcher assigned to BMS through a subcontractor GfK Healthcare. Yu confirmed her contract with GfK was from September 21, 2009 through March 31,

2010. Yu stated her responsibilities included conducting primary and secondary BMS Market Research projects for EVRI and XL184. Yu stated/confirmed the following chain of events:

- Approximately January 12, 2010 during a staff meeting Daniel Stults ("Stults"), Executive Director Market Research communicated that a full-time Market Research position was approved and depending on when the position was filled, it could affect Yu's assignment end date.
- Yu stated she asked McGrath if she could apply for the open position. Yu stated that McGrath replied she could apply for the position providing there were no clauses in her contract with GfK and/or Scientific Search that would hinder her from applying.
- Yu stated approximately mid/or end of January 2010 when she returned from a business trip that McGrath wanted to end her contract indicating she received performance complaints from Daniel Guo ("Guo") Director Oncology Global Commercialization and members of the Brand Marketing Team.
- Yu stated she contacted Guo to get feedback on her performance and to discuss the performance comment McGrath stated Guo made.
- Yu stated that Guo was shocked and informed her that he never complained to McGrath about her performance.
- Yu stated on March 1, 2010 she sent an email to McGrath to inform her that she applied for the Associate Director, Market Research position. Yu stated Holly responded to discuss the matter in person.
- Yu stated that McGrath was clearly upset that she applied for the position. McGrath informed Yu that the Marketing Brand Team had provided negative feedback on Yu's performance and McGrath could not allow Yu to go through the interview process.
- Yu stated McGrath informed the Staffing Manager not to grant Yu an interview for the position.

Holly McGrath

On April 14, 2010, McElarney met with McGrath to discuss the above allegations. McGrath confirmed she is Director, Global Marketing Research – Immunology; has been with BMS nine (9) years, reporting to Daniel Stults. McGrath confirmed Yu was hired as a contractor the end of September 2009 as a Market Researcher working for the Global Marketing Team and assigned to the BMS Projects for EVRI and XL184. McGrath stated that three (3) different employees within Global Marketing/Commercialization Departments had met with her and provided the following negative performance feedback on Yu:

- Dan Guo – approximately December reported that Yu was not working out on the EVRI project, he had no confidence in her abilities and after hours of meetings, she did not understand the objectives for the project.
- Jill Orosz – approximately, end of January and indicated that Yu was not delivering on objectives, work/reports submitted were of poor quality.
- Susan Heinberg – contacted McGrath sometime in February and asked for assistance indicating Yu was suppose to meet deadlines to have material from a vendor and indicated the vendor was not going to deliver material on time. McGrath called the vendor who indicated that they had sent the material to Yu approximately 1-1½ weeks prior to the call. Yu did not give the vendor material to Heinberg in a timely manner.

McGrath confirmed (early March) that Yu sent her an email informing her that she posted for the Associate Director Market Research position. McGrath replied to the email and requested that they meet to discuss. McGrath informed Yu that she was contacted by Janae Stokes, Staffing Specialist of Yu's interest in the position. McGrath informed Yu that she would not be considered for the position because of the negative performance feedback she received from others. McGrath stated Yu was furious and did not believe others gave negative feedback about her performance. McGrath stated

that the interview panel consisted of employees who had given negative feedback and she could not allow Yu to be granted an interview.

McGrath stated she was in regular contact with Jim Jenkins ("Jenkins") of Scientific Search (contractor for Yu) regarding Yu's performance. McGrath confirmed that on March 24, 2010 Yu did not come to work and she contacted Scientific Search to notify them that Yu's contract was no longer needed. McGrath stated she received an email from Yu stating she wanted to be paid to the end of the contract, which was March 31, 2010. McGrath stated that Jenkins would handle the communication with Yu.

Daniel Guo

On April 20, 2010, McElarney contacted Daniel Guo ("Guo"), Director, Oncology Global Commercialization to discuss the above allegations. Guo confirmed Yu was hired as a consultant working with the Market Research team. Guo confirmed he met with Yu approximately early December to discuss the EVRI project that she was working on for his team. Guo stated he had some concerns with Yu and her ability/level to deliver on the project. Guo stated he and Yu had a disagreement about how the project was progressing. Guo confirmed he discussed his concerns and Yu's lack of knowledge to McGrath. Guo stated his project was to be completed the end of February and he assumed Yu's contract was ending at that time or early March. Guo confirmed Yu came to him and asked for performance feedback informing Guo that McGrath indicated Guo had performance issues with her. Guo stated he told Yu that he did not have any performance issues with her at that time; Guo did not inform Yu of his concerns with her performance from December when she was working on his project.

Jill Orosz

On April 29, 2010, McElarney contacted Jill Orosz ("Orosz"), Director, Oncology Marketing to discuss the above allegations. Orosz stated Yu was assigned to work with her team on a project that involved working with a co-promotion vendor. Orosz stated Yu was at the kickoff meeting and she was not achieving the objectives that were outlined in that meeting. Orosz stated the co-promotion project team informed her that Yu was not taking direction and when the final report was submitted in March 2010 Yu's documentation was very low compared to the objectives. Orosz confirmed she informed McGrath that Yu was very resistant to any feedback, she was not flexible, and indicated the report she submitted had a negative slant and the quality was very low. Orosz stated McGrath informed her that she received other negative feedback on Yu's performance.

Susan Heinberg

On May 14, 2010, McElarney contacted Susan Heinberg ("Heinberg"), Associate Director, Commercialization to discuss the above allegations. Heinberg stated approximately October/November 2009 she and her team were working on two large Marketing Projects (Ixempra and Breast Tumor Strategy). Heinberg stated Yu was assigned to support the group and to identify vendors who could provide databases for primary/secondary market research. Heinberg stated once Yu identified the database vendors she was corresponding with them directly and failed to copy Heinberg on the emails. Heinberg stated that because Yu was corresponding directly to the vendor she was not aware of the wrong / lack of information Yu was requesting from the vendor, which delayed the projects.

Heinberg stated Yu was also assigned to manage the budget for the two projects; Heinberg indicated Yu had difficulty managing the budgets, stating there was a large amount of money left in the budget in late 2009 which should have been used for the project. Heinberg also indicated there was many times she and Yu were scheduled to meet but Yu was out of the office or canceled meetings, which caused delays in completing the projects. Heinberg was informed by McGrath that Yu was leaving

BMS: Heinberg informed McGrath that she had communication issues with Yu as well as Yu's lack of delivering projects on time.

III. Application of Company Policy and Guidelines

- Standards of Business Conduct and Ethics Policy— certified January 7, 2009.

IV. Complaint/Findings:

Complaint

As noted above, a complaint was made by Yu that McGrath made false statements about Yu's performance and because of these statements her contract with GfK was terminated early and she was denied any opportunity to interview for a full-time permanent position with BMS.

Findings

The investigation did not find that McGrath violated any BMS Policies.

- It was confirmed by Guo, Orosz and Heinberg that they each had separate discussions with McGrath about specific negative performance concerns they had with Yu.
- Guo confirmed Yu confronted him and asked if he had any performance concerns with her. Guo confirmed he told Yu that he did not have any performance issues with her at that time; noting Guo did not inform Yu of his conversation with McGrath regarding his concerns with her performance from December when Yu was working on his project.
- It was confirmed McGrath informed the Staffing Specialist that Yu should not be granted an interview for the position of Associate Director, Market Research due to her negative performance feedback while working on various market research projects.
- On March 24, 2010, McGrath contacted Jenkins from GfK to inform him that Yu had called out of work and due to her performance issues McGrath wanted to terminate the contract (which was ending March 31, 2010).

V. Conclusion/Recommendations for Remedial Action:

On June 4, 2010 investigation was closed as unsubstantiated no further action.

EXHIBIT R

HR+MBC data

From: **Yu, Yue** (yue.yu@bms.com) You moved this message to its current location.

Sent: Mon 3/22/10 2:23 PM

To: BGriffin@us.imshealth.com (BGriffin@us.imshealth.com)

Dear Bernadette,

I just left you a VM regarding the Patient treatment flow data from your UK office. Could you please provide an update?

thank you

Yue Yu

Global Oncology Market Research

Bristol-Myers Squibb

Tel: 609-252-6999

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Heinberg, Susan

From: Yu, Yue
Sent: Monday, March 08, 2010 2:30 PM
To: Foley, Jamie; Heinberg, Susan; Pettiecord, Denise
Cc: McGrath, Holly
Subject: Update--HR+ Data discussion with IMS Team

Dear all,

I just received feedback from IMS team regarding the timing of the treatment flow analysis. If you recall, the IMS UK office has to run the database and provide the analysis as we requested. Due to the workload the UK team has, we will not be able to get the data until this Friday.

IMS US team suggests we have a teleconference on next Monday or Tuesday instead of this Friday as we previously planned. Please let me know if you have any questions or concern. Otherwise, I will schedule the meeting for early next week.

Best regards

Yue

Heinberg, Susan

From: Mcgrath, Holly
Sent: Monday, May 17, 2010 4:05 PM
To: Roseann.Tufaro@synovate.com; Heinberg, Susan
Cc: Nadkarni, Neeraj
Subject: RE: Synovate data

Please copy Neeraj on these messages - he is taking over the project from me.

Bristol-Myers Squibb
Marketing Research Director, Global Oncology
Ph 609-252-3795
holly.mcgrath@bms.com

From: Roseann.Tufaro@synovate.com [mailto:Roseann.Tufaro@synovate.com]
Sent: Monday, May 17, 2010 3:57 PM
To: Heinberg, Susan; Mcgrath, Holly
Subject: RE: Synovate data

Hi Susan and Holly,

Attached is the latest slide deck with the patient characteristics information now included. Please note that I took out the row for "location" - the reason is that information needs to be run by specific drug. Also, "time to relapse from adjuvant" usually only applies to line 1 patients who have recently become metastatic; after a few cycles of treatment the physician tends to classify the patient as "follow up" and the time between adjuvant and metastatic stages is no longer captured.

Please let me know if you have any questions. I look forward to discussing this report with you and your colleagues tomorrow.

Regards,
Roseann

From: Heinberg, Susan [mailto:susan.heinberg@bms.com]
Sent: Friday, May 14, 2010 12:04 PM
To: Roseann Tufaro (Roseann.Tufaro@synovate.com)
Subject: RE: Synovate data

Hi roseann

The team has looked through the patient record form. We have highlighted in red/yellow the patient characteristics that we would like included in the patient portraits comparing the 3 segments (1st L hormonal, 2nd L hormonal, 2L switch to chemo).

We have also indicated some characteristics we will like to analyze for some specific regimens used in the metastatic setting. We will get back to you with a list of those we would like to analyze.

Thanks and kind regards

Susan

From: Roseann.Tufaro@synovate.com [mailto:Roseann.Tufaro@synovate.com]
Sent: Friday, May 14, 2010 11:13 AM

To: Heinberg, Susan
Subject: RE: Synovate data

Hi Susan,

Thank you for understanding! The new date and time you proposed is fine. I am back in the office today and working on the additional slides. Please send the other characteristics you would like included so that I may have time to complete everything by the time we speak on Tuesday.

Regards,
Roseann

From: Heinberg, Susan [mailto:susan.heinberg@bms.com]
Sent: Thursday, May 13, 2010 11:51 AM
To: Roseann Tufaro (Roseann.Tufaro@synovate.com)
Cc: Mcgrath, Holly; Nadkarni, Neeraj; Pettiecord, Denise
Subject: RE: Synovate data

Hi Roseann

I am sorry to hear that you are not feeling well today. I have proposed a new meeting time for next Tuesday (hopefully you just received the calendar invitation) - we need to complete our presentation including US and European data by end of next week.

Thanks for forwarding the patient record form. I have reviewed and identified some characteristics that we would like to include in the patient portraits for the different segments. I will review with Holly, Neeraj and rest of team and send back to you by end of day today. I hope this would give you enough time to do this additional analysis by next Tuesday.

Kind regards

Susan

From: Roseann.Tufaro@synovate.com [mailto:Roseann.Tufaro@synovate.com]
Sent: Tuesday, May 11, 2010 11:09 AM
To: Heinberg, Susan
Cc: Mcgrath, Holly; Nadkarni, Neeraj
Subject: RE: Synovate data

Hi Sue,

I look forward to speaking with the team as well. I have attached a copy of the patient record form for your reference.

I will be working on the patient profile information today and will have it ready for the meeting. Having the template is very helpful, thank you.

Regards,
Roseann

From: Heinberg, Susan [mailto:susan.heinberg@bms.com]
Sent: Tuesday, May 11, 2010 10:44 AM
To: Roseann Tufaro (Roseann.Tufaro@synovate.com)
Cc: Mcgrath, Holly; Nadkarni, Neeraj
Subject: FW: Synovate data

Hi Roseann

Our team is looking forward to our meeting with you on Thursday.

Holly forwarded to me the slides that you had sent to her. I wanted to follow up on the patient portrait part of the analysis. Please find attached the current portrait templates we have populated for the EU data. We know that you may not collect all of this information; on the other hand you may have some additional data that would be valuable to include in the portraits (e.g. I believe you collect some kind of resistance classification).

I believe at our last meeting you mentioned you would forward your patient record form. It would be helpful to receive this in advance of the meeting on Thursday. In addition, if you could populate of much of the equivalent patient portrait information to what we have for Europe, it will be helpful to review this when we see you.

Thank you

Susan

From: Mcgrath, Holly
Sent: Monday, May 03, 2010 12:49 PM
To: Heinberg, Susan; Foley, Jamie; Pettiecord, Denise
Subject: FW: Synovate data

Hi all -

I am forwarding what I received this morning from Synovate, and am in the process of scheduling a meeting for Roseann to walk you thru this.

Holly

Bristol-Myers Squibb
Marketing Research Director, Global Oncology
Ph 609-252-3795
holly.mcgrath@bms.com

From: Roseann.Tufaro@synovate.com [mailto:Roseann.Tufaro@synovate.com]
Sent: Monday, May 03, 2010 11:49 AM
To: Mcgrath, Holly
Subject: FW: Synovate data

Hi Holly,

Please disregard the attachment on the previous email (if it got through, I attempted to recall it) – this is the file with the slides.

Roseann

From: Roseann Tufaro (Roseann.Tufaro@synovate.com)
Sent: Monday, May 03, 2010 11:47 AM
To: 'Mcgrath, Holly'
Subject: RE: Synovate data

Hi Holly,

I'm sorry I missed your call earlier, and I also apologize for the delay in getting these to you.

Please review and let me know if you would like to discuss, and if you would like to make any additions or modifications to the slides.

Regards,
Roseann

From: Mcgrath, Holly [mailto:holly.mcgrath@bms.com]
Sent: Thursday, March 25, 2010 12:31 PM
To: Heinberg, Susan
Cc: Roseann Tufaro (Roseann.Tufaro@synovate.com)
Subject: FW: Synovate data

Hi Susan,

Here are the Synovate slides. I think we are good with meeting times now, but if you have any questions for Roseann in the meantime please feel free to reach out to her directly.

Holly

Bristol-Myers Squibb
Marketing Research Director, Global Oncology
Ph 609-252-3795
holly.mcgrath@bms.com

From: Roseann.Tufaro@synovate.com [mailto:Roseann.Tufaro@synovate.com]
Sent: Thursday, March 25, 2010 11:49 AM
To: Mcgrath, Holly
Subject: Synovate data

Hi Holly,

It was a pleasure speaking with you the other day! I have attached a copy of the draft slides that Yue and I were working on, and will be available to discuss by phone on Wednesday per your invitation.

I checked into the status of your current contract with Synovate US, and at this time you have approximately 8 hours service time remaining. The cost for additional time is \$225/hour. Another option that I can provide to you is, should BMS choose to purchase a full US subscription at this time, which would include data updates through December 2010 (the current contract covers 2009 only), we can discount the \$310,000 full subscription price by the amount of data that BMS has purchased for 2009: \$65K for breast cancer and \$50K for CRC, bringing the final cost to \$195,000.

Please let me know if you have any questions.

Regards,
Roseann Tufaro
Synovate Healthcare
U.S. Oncology Monitor
1200 MacArthur Blvd., 2nd Floor, Mahwah, NJ 07430
201.629.5540 ext. 334

Heinberg, Susan

From: BGriffin@us.imshealth.com
Sent: Tuesday, March 23, 2010 10:16 AM
To: Heinberg, Susan
Subject: HR+ slides

Susan,

Holly McGrath suggested that I contact you directly regarding the information you've asked IMS to provide for the HR+ report. Attached is the report I provided to Yue. Slides 1-3 are complete. I have a question about slide 4: for the "share of AIs" and "share of TAs" charts, I originally created the pie showing the individual regimens, but that seemed VERY busy, so my question is, should I create the pie showing just the AIs and TAs?

I am unfortunately still waiting for data from our production team to complete slide 5. They've assured me that I will have it by the end of the week. I have data for some of slide 6; some data will come from the production team. I can complete a portion of it today, so that we have as much of the deck completed as possible.

You will see, in the footnote of each slide, that I have indicated the file name and spreadsheet used to complete the slide. In addition to the slides, I am also attaching the corresponding data.

Please let me know if you have any questions about the information I'm providing. Holly indicated that she would ask Yue to set up a meeting toward the end of this week for us to review what we've provided and make sure you don't need additional information.

Regards,

Bernadette

Bernadette Griffin

Oncology Specialist, Global Client Services

IMS Health®

and on behalf of IMS AG

960 C Harvest Drive

Blue Bell, PA 19462

voice: 610.238.4288 fax: 610.832.5438

email: bgriffin@us.imshealth.com

www.imshealth.com

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From: Heinberg, Susan <susan.heinberg@bms.com>
Sent: Tuesday, November 17, 2009 5:16 PM
To: Yu, Yue <yue.yu@bms.com>
Cc: Foley, Jamie <jamie.foley@bms.com>
Subject: Breast TSG action items - more detail to guide MR proposals from vendors

Yue Yu

In advance of our meeting tomorrow, I wanted to give you more detail regarding the analysis we need to do of the Endocrine Resistant market. DOPs stands for 'Disease Opportunity profiles.' Jamie and I can discuss these questions more with you tomorrow. In order to understand the unmet need once we have identified and sized the segments, we plan to conduct an ad board (it would be ideal to also do qualitative research but we do not have budget for this in 2010).

Susan

Action Items – TSG

- 1) Invest in database to confirm longitudinal treatment patterns and develop further patient segmentation (i.e. "points of entry")
 - trend data – how much has usage of targeted agents in HER 2 (+) HR + patients changed in last 2-3 years
 - Expand data beyond US to include EU and key ROW markets
 - What is relevant market segmentation
 - what is the size of each of the subsegments
 - what are the characteristics of each subsegment (e.g. age) and implications for drivers of treatment decisions
- 2) Develop Segment-Specific DOPs
 - given the current SOC for each segment, what is the probability of showing meaningful innovation in each? What toxicity tradeoff will be acceptable
 - What is the level of unmet need for each (e.g. is there higher unmet need for HER2 (-) vs. HER2 (+) patients?
 - How would we characterize the business opportunity for each segment? Which segment(s) would lead to indication of greatest interest to BMS?
 - Make sure DOPs reflect standards, trends not just from US but also from other key regions.

BMS01439

From: Heinberg, Susan <susan.heinberg@bms.com>
Sent: Monday, March 15, 2010 11:40 AM
To: Yu, Yue <yue.yu@bms.com>; Pettiecord, Denise <denise.pettiecord@bms.com>; Foley, Jamie <jamie.foley@bms.com>
Cc: Mcgrath, Holly <holly.mcgrath@bms.com>
Subject: RE: IMS EU HR+ data analysis discussion

Hi Yue

I understand that there is a delay, but if it appears that we cannot meet tomorrow could we arrange a meeting for later this week. Perhaps we could hold time now for that alternative meeting just to make sure there is a mutually convenient time.

Also, could we go ahead and set up time with Tandem/Synovate for sometime mid week of March 29 (Jamie and I will be in Wallingford that Monday but there should be some availability later that week). It is very important that we meet with them regarding the US data so that we are in position to have the work wrapped up by not later than early April.

Jamie and I are going to be very busy with work related to Ixempra DP5 presentations in April and May and we need to have this project completed ASAP. Denise also needs to move forward with planning for a TSG ad board which will incorporate these results.

Thanks very much for helping to move this forward.

Susan

From: Yu, Yue
Sent: Monday, March 15, 2010 11:01 AM
To: Pettiecord, Denise; Heinberg, Susan; Foley, Jamie
Subject: RE: IMS EU HR+ data analysis discussion

Dear all,

The IMS team has not had the treatment flow data from its UK team yet. The IMS team couldn't provide the details as for now.

We might have to postpone the meeting if the data can't get in on time. I will keep you posted.

Yue

>-----Original Message-----

>From: Pettiecord, Denise
>Sent: Monday, March 15, 2010 10:00 AM
>To: Heinberg, Susan; Yu, Yue; Foley, Jamie; BGriffin@us.imshealth.com;
>KClee@us.imshealth.com
>Subject: RE: IMS EU HR+ data analysis discussion

>
>The later time works for me too.

>
>
>

>>-----Original Message-----

>>From: Heinberg, Susan
>>Sent: Monday, March 15, 2010 9:23 AM
>>To: Yu, Yue; Foley, Jamie; Pettiecord, Denise;
>>BGriffin@us.imshealth.com; KClee@us.imshealth.com
>>Subject: RE: IMS EU HR+ data analysis discussion

>>
>>Yue

>>
>>Jamie and I have a staff meeting from 10-11. Is there any chance to
>>move back our meeting from 11-1? I am not sure whether this would work

BMS01998

From: Heinberg, Susan <susan.heinberg@bms.com>
Sent: Friday, March 19, 2010 5:19 PM
To: Yu, Yue <yue.yu@bms.com>
Cc: Foley, Jamie <jamie.foley@bms.com>; Mcgrath, Holly <holly.mcgrath@bms.com>; Pettiecord, Denise <denise.pettiecord@bms.com>
Subject: RE: IMS EU HR+ data analysis discussion
Attach: visualof key questions3.4.10.ppt

Hi Yue

I would like to get a status check on the meeting with IMS. Jamie and I are going into a very busy period for Ixempra and it is critical that we meet with IMS next week and have a meeting with Synovate planned following that.

Could you please set up a meeting for me, Jamie, Denise and you to review the data with IMS (if you want to be sure that the data has been received perhaps we could set the meeting up for Thursday). Please make sure that IMS already has the data laid out as we requested (as in attached file).

Could you also set up the Synovate meeting for not later than week of April 5 (note I am out of office that Monday).

It is critical that we complete the project as there are other projects linked to this analysis that we need to get started.

Susan

<<visualof key questions3.4.10.ppt>>

-----Original Appointment-----

From: Yu, Yue

Sent: Wednesday, March 17, 2010 9:48 AM

To: Foley, Jamie; Heinberg, Susan; Pettiecord, Denise; 'BGriffin@us.imshealth.com'; KClee@us.imshealth.com

Subject: Canceled: IMS EU HR+ data analysis discussion

When: Wednesday, March 17, 2010 11:00 AM-12:00 PM (GMT-05:00) Eastern Time (US & Canada).

Where: CR-B3-468

Importance: High

Dear all:

I have to cancel this meeting in that there is no data from IMS UK office yet. I will reschedule the meeting as soon as I receive the update.

FYI: I have sent the update data request to Synovate, but haven't heard any feedback. Will keep you posted.

Yue

BMS02040

From: BGriffin@us.imshealth.com
Sent: Wednesday, March 17, 2010 2:20 PM
To: Yu, Yue <yue.yu@bms.com>
Cc: yueyu88@hotmail.com
Subject: RE: IMS EU HR+ data analysis discussion
Attach: HR+ Data Deck bg.ppt

Yue,

Attached is the slide deck. The first three slides are completed, including the appropriate data. The fourth slide is not completed. My computer kept crashing, but also, I wasn't sure how the individual regimens within each of the groups should be presented. There seems to be too many regimens to list, or to include in a tiny pie chart, and I wasn't sure if they should be grouped at all.

I hope this helps!

Bernadette

-----Original Message-----

From: Yu, Yue [mailto:yue.yu@bms.com]
Sent: Tuesday, March 16, 2010 11:56 PM
To: Griffin, Bernadette (Union Meeting)
Cc: yueyu88@hotmail.com
Subject: RE: IMS EU HR+ data analysis discussion

Dear Bernadette:

Just a quick follow up...

Were you able to get the pie charts for the data we have? in addition, any update from UK?
thank you.

Yue

From: BGriffin@us.imshealth.com [BGriffin@us.imshealth.com]
Sent: Monday, March 15, 2010 10:19 AM
To: Yu, Yue
Subject: Re: IMS EU HR+ data analysis discussion
They haven't given me a definitive answer; just that they're working on it.

----- Original Message -----

From: Yu, Yue <yue.yu@bms.com>
To: Griffin, Bernadette (Union Meeting)
Sent: Mon Mar 15 10:17:36 2010
Subject: RE: IMS EU HR+ data analysis discussion
Bernadette,

When do you expect to have the data from UK?

Yue

>-----Original Message-----

>From: BGriffin@us.imshealth.com [mailto:BGriffin@us.imshealth.com]
>Sent: Monday, March 15, 2010 9:55 AM
>To: Yu, Yue
>Subject: Fw: IMS EU HR+ data analysis discussion
>
>Yue,

BMS02453

EXHIBIT S

BMS Assignment

From: yue yu (yueyu88@hotmail.com)

Sent: Sun 1/24/10 10:15 PM

To: Robert Delghiaccio (robert.delghiaccio@gfk.com)

Rob:

I have thought more about the BMS assignment situation. Although I don't know what had transpired during last week, it is clear to me that it has something to do with my interest of becoming a full time employee of BMS.

The feedback of my work has been positive from Holly and the teams have recognized my contribution. It perplexes me that Holly is neither forthcoming nor is honest about the reasons of the decision. I don't believe Holly's decision of terminating my assignment is for the best interest of business and is not based upon marketing team's feedback as I learned last week.

It is no doubt that the decision is not fair to me. However, I don't want to fight the situation and I don't have to know the reasons. All I want is BMS continues my assignment till the market research opening position is filled.

That is the best solution in that the marketing teams don't have to know what was going on.

I will continue to provide high quality of work and conduct business in professional manner. I also expect the positive feedback of my work if I continue the good work as I have been doing since the beginning of my assignment.

I would like you to discuss the solution with Holly on my behalf on Monday.

Let's speak on Monday to discuss the matter before your discussion with Holly.

Thank you

Yue

The full time position in your team

From: **Yu, Yue** (yue.yu@bms.com) You moved this message to its current location.

Sent: Mon 3/01/10 2:30 PM

To: McGrath, Holly (holly.mcgrath@bms.com)

Holly,

I would like you to consider me for the full time position in your team.

As you have acknowledged that I have demonstrated the skills of a strong market researcher and I have been doing a great job since I started working at BMS.

I am confident that can bring values to the success for the brands and company not only because of technical competency but also the business acumen and pleasant personality. Brand teams have enjoyed working with me and appreciated my contribution.

As for the difference of our working styles, it is easily adjustable and I am working on it. The cause of the difference was my perception of your preference. In November 2009, Rob Delghiaccio communicated to me that you informed him that "I was doing a great job," and "you wish you could spend more time with me but since I have been doing a great job, I am being 'punished' -not to spend much time with you." The impression I had was that you wanted me to be self-sufficient as much as possible.

It is not a problem for me to work more closely with you. As a matter of fact, I have enjoyed working closely with you on the final reports for EVRI and XL184. Thus, continuing to work closely with you is not a problem at all.

I am not asking you to hand me the job, rather, offer me a chance to go through the interview process.

Yue

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☺ Holly McGrath = position

3/4/2010

☒ marketing people provided feedback

• lack of trust between Holly & yue

• lack of organization savvy — short

• lack of listening (yue went to discuss the situation with Dan Guo)

☺ • Holly mentioned she interviewed some candidates who are more qualified than yue

Because "Chinese"

NJ Business Action Center - Move your business to New Jersey! Site selection and relocation**Neeraj Nadkarni**

3rd

Associate Director at Bristol-Myers Squibb, Princeton, New Jersey
Greater New York City Area | Management Consulting

Current Bristol-Myers Squibb, Princeton, New Jersey
Previous ZS Associates
Education The University of Chicago - Booth School of Business

Connect**Send InMail****427**
connectionswww.linkedin.com/pub/neeraj-nadkarni/b/266/444**Background****Experience****Associate Director, Global Oncology Market Research**

Bristol-Myers Squibb, Princeton, New Jersey
May 2010 – Present (3 years)

**Manager**

ZS Associates
July 2007 – April 2010 (2 years 10 months)

ZS

Consultant

ZS Associates
November 2004 – June 2007 (2 years 8 months)

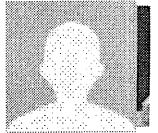
ZS

Education**The University of Chicago - Booth School of Business**

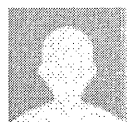
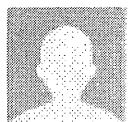
MBA, Finance, Economics and Strategy
2000 – 2003

University of Chicago

MBA, Finance and Marketing

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MBA, Marketing and Finance

1993 – 1995

University of Mumbai

BE, Electronics Engineering

1987 – 1991

Victoria Jubilee Technical Institute, Mumbai, India

B.E, Electronics Engineering

1987 – 1991

How You're



Yo



In Commor



You

0902201 — ASSOCIATE DIRECTOR, LARGE TUMOR MR

Status:	Filled	Recruiter:	J. Stokes	Department:	GM MR ONCOLOGY IXA/SRC/IP
Status Details:	Unposted	Hiring Manager:	H	Primary Location:	Princeton
Previous Status:	Open				
Hired:	1 out of 1	Offers:			

Description (External)

The following information will be posted externally only.

Description

The focus of this position will be leading the research to identify key business opportunities at the portfolio level for multiple BMS assets in support of the Lung Tumor Strategy Group (TSG), leading the research to support the development of the positioning and message platforms for EVRI, an early development compound, and providing ad hoc secondary data analysis to better understand changing treatment paradigms in gastric and endometrial cancers in support of Ixempra's life cycle management program.

Qualifications

Candidate must have a bachelor's degree and a minimum of 7 years of relevant marketing research. Master's degree and oncology marketing research experience strongly preferred. The ideal candidate for this position must have demonstrated ability to leverage high-value marketing research to enhance and improve decision making. He/she must be adept at developing marketing research plans/budgets which align with the top business priorities; possess a solid breadth and depth of experience with various qualitative and quantitative methods, including conjoint, segmentation, positioning, and message testing; have strong executional skills and ability to manage projects within the allotted budget and timeframe; have demonstrated strong analytic capabilities; exposure and experience with syndicated data sources; strong communication skills and the ability to successfully work across functions and geographies.

BMS00173

BMS00173

From: Mcgrath, Holly <holly.mcgrath@bms.com>
Sent: Wednesday, March 24, 2010 9:20 AM
To: Guo, Dan <dan.guo@bms.com>; Shunglu, Sanjaya <sanjaya.shunglu@bms.com>;
 Stokes, Jenae <Jenae.Stokes@bms.com>
Subject: RE: Feedback on Neeraj Nadkarni - Associate Director, Large Tumor

Thanks for the feedback. Overall the consensus on Neeraj was quite positive; the panel felt that he had above-average intellectual/strategic thinking skills, very strong analytic skills, and a good breadth and depth of marketing research experience. He does not have a lot of oncology experience, so he would need to get up to speed on the the therapeutic area. And there was some concern that his communication style could be more dynamic/engaging.

Bristol-Myers Squibb
Marketing Research Director, Global Oncology
Ph 609-252-3795
holly.mcgrath@bms.com

From: Guo, Dan
Sent: Wednesday, March 24, 2010 9:02 AM
To: Shunglu, Sanjaya; Stokes, Jenae
Cc: Mcgrath, Holly
Subject: RE: Feedback on Neeraj Nadkarni - Associate Director, Large Tumor

Sorry for my late feedback. I am on vacation this week and have limited access to email.

Overall, I am impressed by his educational and working experience. He seems very analytic and a strong advocate of evidence based business practices. However, to second Sanjay's finding, I probably would give Neeraj a low-to-medium score on organizing thoughts. Just to be fair, he handled himself well in the interview with me.

Neeraj mentioned some past projects with Orendia Team. I am interested in any feedback from Orendia Team.

Dan

From: Shunglu, Sanjaya
Sent: Tuesday, March 23, 2010 12:59 PM
To: Stokes, Jenae; Guo, Dan
Cc: Mcgrath, Holly
Subject: RE: Feedback on Neeraj Nadkarni - Associate Director, Large Tumor

I had a mixed impression of Neeraj. Impressive educational credentials but had a hard time living up to them. Discussed leading the positioning practice effort for ZS but couldn't provide the text book definition. Seems analytical but not focused. I had asked him to go to the next set of interviews aiming to be crisp and specific. Would want to hear that he was able to do that especially when given direct feedback.

From: Stokes, Jenae
Sent: Tuesday, March 23, 2010 12:28 PM
To: Shunglu, Sanjaya; Guo, Dan
Cc: Mcgrath, Holly
Subject: Feedback on Neeraj Nadkarni - Associate Director, Large Tumor

Hello,

Thank you for taking the time to interview Neeraj. Your feedback is valuable. Please provide your thoughts on Neeraj. What strengths/weakness did you perceive? Would you recommend him and what is your overall impression

of him? Again, I appreciate your feedback.

Thank you,

Jenae Stokes
Talent Acquisition Specialist

Bristol-Myers Squibb Company
Tel 817-385-5730 Fax 954-375-9514
jenae.stokes@bms.com

From: Delghiaccio, Robert <Robert.Delghiaccio@gfk.com>
Sent: Monday, January 11, 2010 5:01 PM
To: McGrath, Holly <holly.mcgrath@bms.com>
Subject: BMS/GfK Updates
Attach: BMS-Consultant Credit_Dec2009.xls

Hello, Holly-

Happy New Year to you. I hope you were able to spend some fun time with your family during the Holiday break.

On a business note, I was hoping you and I could catch up live at some point in the near future to discuss logistical plans as we rapidly move into 2010. In addition to project work currently on the docket, I had a few other topics that I believe you would find relevant and germane to your business:

- I wanted to introduce you to a few moderators (Yoko Okamoto and Joan Baumer) who have been working on BMS global oncology qual projects. We have received positive feedback from your team on these individuals, and I think that you having the opportunity to meet them will be valuable, particularly as we plan for additional project work in 2010.
- Regarding our esteemed consultant, Yue Yu, you and I should talk about proposed tenure moving forward. As I do on a monthly basis, I have attached the most recent update on credits used (through end of Dec. 2009), and we have about \$122k remaining. Since we have 2 consultants on board at BMS (Yue Yu and Meku Ayele), I would anticipate that based on the current usage rate, these credits will be utilized by the end of Feb. or beginning of March, 2010. Depending upon how long you would like to keep Yue as part of the team, we will need to discuss requisite logistics for making that happen.

I will be in the GfK Princeton offices this Wed (1/13) and Fri (1/15) so can easily come over to BMS Lawrenceville to meet with you. Please let me know if either of these days work for you to get together, and if so, preferred times.

Thanks, and talk soon.

Best Regards,

Rob

Make your challenge ours! Click here to get an actionable answer to your most pressing question – exclusively derived from our dataset across the categories we serve – at no cost to you.

Rob Delghiaccio
Senior Vice President
GfK Healthcare
120 Eagle Rock Avenue
East Hanover, NJ 07936
P: (973) 599-3985
F: (973) 599-3690
C: (973) 652-7770
robert.delghiaccio@gfk.com

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BMS02315

From: Delghiaccio, Robert <Robert.Delghiaccio@gfk.com>
Sent: Friday, January 15, 2010 2:49 PM
To: Mcgrath, Holly <holly.mcgrath@bms.com>
Subject: FW: Follow Up To Conversation and Upcoming BMS Project Work

Hello Again, Holly—I also left you a VM regarding this positive development with Basya, and included one other logistical item on the VM for your consideration. Based on the fact that we will probably have overlap of 3 consultants at the same time (Basya, Yue, and Meku) combined with the info I sent to you in my email on Monday regarding the current credit amount, I anticipate that when we bring Basya on board, it will most likely need to be under the purview of a cash remuneration contract. We can certainly discuss the details next week, but in the interim, just wanted to bring this to your attention for your planning purposes.

Take care, and again, feel free to call me with any questions prior to us reconvening as a team early next week.

Best Regards,

Rob

Make your challenge ours! [Click here](#) to get an actionable answer to your most pressing question – exclusively derived from our dataset across the categories we serve – at no cost to you.

Rob Delghiaccio
GfK Healthcare
P: (973) 599-3985
C: (973) 652-7770

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From: Delghiaccio, Robert
Sent: Friday, January 15, 2010 1:50 PM
To: Mcgrath, Holly
Cc: brgalesf@yahoo.com
Subject: Follow Up To Conversation and Upcoming BMS Project Work
Importance: High

Hello, Holly-

I spoke with our esteemed colleague, Basya, and she indicated her amenability and delight to have the opportunity to work with you, Dan, and the rest of the BMS team on managing the upcoming NSCLC research program. As we discussed, there will certainly be some logistical issues to discuss (timing, scope, etc.) which we can begin to handle after the holiday weekend. Both Basya and I are available to speak with you on Tuesday if that works into your schedule—please let me know your availability and I can arrange for a conference call.

Between now and then, certainly feel free to call me with any questions you may have. Otherwise, both Basya and I are looking forward to moving forward with this opportunity, and to reconvening with you early next week.

Take care,

Rob

Make your challenge ours! [Click here](#) to get an actionable answer to your most pressing question – exclusively derived from our dataset across the categories we serve – at no cost to you.

Rob Delghiaccio

From: Delghiaccio, Robert <Robert.Delghiaccio@gfk.com>
Sent: Friday, January 22, 2010 4:22 PM
To: Mcgrath, Holly <holly.mcgrath@bms.com>
Subject: RE: Update

Thanks, Holly. Yue was referring to Dan Guo. On that note, your assessment below makes sense. I think that Yue is still trying to rationalize everything, which is why she brought it to my attention. Nothing more... That said, I think we do just let it go. She was in a much better state today, and as per my prior email, wants to complete her tenure on a positive and amicable note.

So, Yue plans to be in the office on Monday. I will also have a draft contract for you to review re: Basya as well.

Have a great weekend.

Regards,

Rob

Make your challenge ours! Click here to get an actionable answer to your most pressing question – exclusively derived from our dataset across the categories we serve – at no cost to you.

Rob Delghiaccio
GfK Healthcare
P: (973) 599-3985
C: (973) 652-7770

Marketing Research Built for You

Flexible resources, responsive to your evolving challenges

From: Mcgrath, Holly [mailto:holly.mcgrath@bms.com]
Sent: Friday, January 22, 2010 3:58 PM
To: Delghiaccio, Robert
Subject: RE: Update

Hi Rob,

Thanks for the update. I assume you are talking about Dan Guo and not Dan Stults? I met with Dan Guo yesterday afternoon to update him on the staffing situation. If Yue spoke with him before that, he would not have been aware that her contract was not being renewed. This shouldn't have come to a surprise to her -- I told her on Wednesday that the decision was mine and I had not yet informed Dan. I'm not sure what she is trying to demonstrate to you by sharing this story....but I think it's best to let it go. I'm trying to avoid drama here.

Have a great weekend -

Holly

Bristol-Myers Squibb
Marketing Research Director, Global Oncology
Ph 609-252-3795
holly.mcgrath@bms.com

BMS02507

From: Delghiaccio, Robert [mailto:Robert.Delghiaccio@gfk.com]
Sent: Friday, January 22, 2010 3:50 PM
To: Mcgrath, Holly
Subject: Update

Hi, Holly-

I did speak with Yue, and she is fully prepared to complete her assignment at BMS. Her goal is not only to do a good job, but also to complete her tenure on amicable and positive terms. I know she was working from home today, but she indicated her intent to be back onsite on Monday. She also indicated that she is fine, and so at this juncture, I have no reason to believe she will not be focused.

That said, she did tell me that yesterday she ran into Dan, and indicated to him that her contract will not be renewed. She told me that Dan displayed surprise, but since I was not there, I cannot say if Yue interpreted his reaction appropriately or not...

I will also have a draft contract for Basya for you to review on Monday. Then, we can hopefully have all the logistics worked out by end of week so she can begin her assignment.

I think that covers everything for the time being. If you would like to speak live, please feel free to call me. Otherwise, I will again be in touch on Monday.

Take care,

Rob

Make your challenge ours! [Click here](#) to get an actionable answer to your most pressing question – exclusively derived from our dataset across the categories we serve – at no cost to you.

Rob Delghiaccio
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to your evolving challenges;
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BMS02508



STEVEN E. WOLFE
ATTORNEY & COUNSELOR
AT LAW

Rita S. Sumsky, Legal Assistant
Sandra L. Freedman, Legal Assistant

Telephone 215.364.4450
Facsimile 215.322.9610

April 8, 2010

Ms. Yue Yu
105 Park Place
Kearny, NJ 07032

RE: My Client: Technical Staffing Management, Inc. d/b/a Scientific Search

Dear Ms. Yu:

I am writing to you as counsel for Technical Staffing Management, Inc. d/b/a Scientific Search, with which you had a contractual relationship pursuant to a Scientific Search Subcontractor Agreement dated September 16, 2009. In accordance with that agreement you and your company Great & GuangDa Enterprises, Inc. were assigned to perform services at Bristol Myers Squibb through GFK Healthcare. I am advised that following the end of your contract and assignment last month, you initiated and have pursued inappropriate and unwanted communications to multiple representatives of Bristol Myers Squibb and GFK Healthcare. Since your access to Bristol Myers Squibb and GFK Healthcare originated through Scientific Search, my client has been made aware of your actions, which apparently involve unspecified allegations of allegedly untrue statements that have purportedly been made about your performance at Bristol Myers Squibb. It is my understanding that although you have been asked to refrain from further contact with Bristol Myers Squibb and GFK Healthcare, you have ignored those requests and have persisted in making unwanted contact with Scientific Search's clients.

As you know, Technical Staffing Management, Inc. d/b/a Scientific Search has maintained valuable business relationships with Bristol Myers Squibb and GFK Healthcare. Your actions carry the potential of severely damaging those relationships, and adversely affecting my client's reputation in the business community. I am therefore requesting that you immediately cease all further contact with Bristol Myers Squibb and GFK Healthcare, so that you may avoid formal legal action, including claims for injunctive relief. Please understand that if your actions continue, my client will vigorously pursue all available remedies against you, including but not limited to claims for substantial financial compensation that may result from damage to its business relationships with Bristol Myers Squibb and/or GFK Healthcare, and consequential damage to its standing within the business community.

Very truly yours,

STEVEN E. WOLFE

SEW: rss

SENT VIA FEDEX

Pheasant Valley Center, 295 Buck Road, Suite 202, Holland, Bucks County, Pennsylvania 18966

www.wolfelawoffice.com

BMS02648

EXHIBIT T

From: Yu, Yue <yue.yu@bms.com>
Sent: Thursday, February 18, 2010 4:56 PM
To: Stults, Daniel <daniel.stults@bms.com>
Cc: Mcgrath, Holly <holly.mcgrath@bms.com>; Wilson (PLB), Rob
<rob.wilson@bms.com>; Slayton, Dolores <dolores.slayton@bms.com>
Subject: MR Social Today

Dan,

Sorry, I have to miss today's social event. I started to feel very sick this afternoon and it is getting worse. Sorry about this; I was very much looking forward to spending more time with the team.

Enjoy and have fun!

Yue

BMS00969

From: Orosz, Jill <jill.orosz@bms.com>
Sent: Tuesday, February 2, 2010 11:21 AM
To: Stock, Elyse <Elyse.Stock@bms.com>; Straub, Amy <amy.straub@bms.com>; Berman, David <david.berman@bms.com>; Orsini, Lucinda <lucinda.orsini@bms.com>; Cavallaro, John <john.cavallaro@bms.com>; Carbonnelle, Cecile <cecile.carbonnelle@bms.com>; Yu, Yue <yue.yu@bms.com>; Ross, Adrienne <adrienne.ross@bms.com>; Connor, Brenda <brenda.connor@bms.com>
Subject: XL184 Strat Planning

Team,

I am going to schedule some time to kick-off strat planning to the BMS -internal team this week. We will review timelines, identify action items and assign roles. Given the tight timelines, I'd like us to meet soon so that we can then loop our partners in later next week.

Thank you for making every effort to be flexible with your calendars to attend.

Jill

Jill R. Orosz
Director, Global Marketing - Oncology
Bristol-Myers Squibb Company
(t) 609-252-5857 (e) jill.orosz@bms.com

BMS01154

From: Ross, Adrienne <adrienne.ross@bms.com>
Sent: Friday, December 18, 2009 5:01 PM
To: Straub, Amy <amy.straub@bms.com>
Subject: RE: Team meetings Elo and XL184 2010

Amy,

For XL184, from our end, key players will be:

- Jill Orosz (Marketing)
- Cecille Carbonelle (Access)
- Kald Abdallah (Medical Affairs)
- Yue Yu (Market Research).

I realize we have not decided how big the core team would be but this gives you the names.

A

From: Straub, Amy
Sent: Friday, December 18, 2009 2:51 PM
To: Berman, David; Stock, Elyse; Hoof, Torsten; Ross, Adrienne
Subject: Team meetings Elo and XL184 2010




Dear all,

I will be working with Helen next week and over the holiday to schedule Elotuzumab and XL184 major team meetings for 2010. Much is still in flux with both projects in terms of team membership, and I know we will have some leadership discussions in early January to resolve. Details are attached for your information so you understand what we are trying to do if you are interested.

I'm scheduling these without regards for BDOC- if the leads need to be at BDOC we will adjust the project team meeting or agenda accordingly.

I have asked Kathy and Lisa to look at potential standing time for XL184 LCT meetings- for now we will only schedule for January 27, and I'm only putting an entry on calendar for the team leads and David

Amy

Amy E. Straub Ph.D. | *Associate Director PPM*
Project Planning and Management, Wallingford, CT
R&D Operations | Bristol-Myers Squibb |  www.bms.com
 (203) 677-7204 |  amy.straub@bms.com
Go Green – Do you really need to print this email?

From: Abanyie, Latrice <latrice.abanyie@bms.com>
Sent: Monday, December 21, 2009 11:39 AM
To: tmoore@dresources.com
Subject: FW: Oncology Media Monitoring for 12/8/2009

Greetings Tom,

My colleague, Yue Yu recently purchased the below report from DR (I have the SO# if you need it). She is out of the office today, but I am trying to get access to the report. I'm assuming she purchased global access rights to the report for full BMS usage. Is there any way that you could assist me in getting a copy of the report for discussions me and my marketing team are having this week?

Thanks,

Latrice Abanyie
Associate Director - MR&BI
latrice.abanyie@bms.com
609-252-5469

From: Morris Singer, Libby
Sent: Wednesday, December 09, 2009 7:47 AM
To: Abanyie, Latrice
Subject: FW: Oncology Media Monitoring for 12/8/2009

Hi Latrice
see attached

For Treatment of Metastatic Colorectal Cancer, Avastin Will Face Increasing Competition From Erbitux in Europe, Most Notably in Spain; Reimbursement of KRAS Testing Varies Between Germany, France, Italy, Spain and the United Kingdom, According to a New Report from Decision Resources

WALTHAM, Mass., Dec. 7 /PRNewswire/ -- Decision Resources, one of the world's leading research and advisory firms for pharmaceutical and healthcare issues, finds that, despite its dominance in early lines of metastatic colorectal cancer treatment, Roche/Chugai's **Avastin** will face increasing competition from Bristol-Myers Squibb/Eli Lilly/Merck KGaA's **Erbitux** in Germany, France and Spain.

The new Special European Physician & Payer Forum report entitled **Metastatic Colorectal Cancer in Europe: Changing Dynamics in Light of Increasing Segmentation and New Therapeutic Options** finds that more than half of surveyed oncologists in Germany, France and Spain indicate that the existence of a validated biomarker for **Erbitux** has decreased their prescribing of **Avastin** in a subpopulation of patients with metastatic colorectal cancer. Sales of **Erbitux** in these countries will be driven by its use to treat patients with wild-type KRAS (Kirsten rat sarcoma 2 viral oncogene) metastatic colorectal cancer. However, the existence of a validated biomarker for **Erbitux** has not had a significant impact on the prescribing of **Avastin** in Italy, which is likely due to the currently low levels of KRAS testing in this country.

BMS02283

From: Abanyie, Latrice <latrice.abanyie@bms.com>
Sent: Thursday, February 18, 2010 9:30 AM
To: Heinberg, Susan <susan.heinberg@bms.com>; Foley, Jamie <jamie.foley@bms.com>
Cc: Mcgrath, Holly <holly.mcgrath@bms.com>
Subject: RE: IMS data Breast

In order to have any constructive discussion on Large Tumor MR budgets, I recommend inviting Holly or Yue Yu.

Latrice

From: Heinberg, Susan
Sent: Wednesday, February 17, 2010 12:26 PM
To: Foley, Jamie; Abanyie, Latrice
Cc: Mcgrath, Holly
Subject: RE: IMS data Breast

Could you also bring any MR budget allocated to 'Large Tumors' (breast or lung TSGs). Thanks so much

Susan

From: Foley, Jamie
Sent: Wednesday, February 17, 2010 12:21 PM
To: Abanyie, Latrice
Cc: Heinberg, Susan; Mcgrath, Holly
Subject: RE: IMS data Breast

Latrice, would it be possible for you to bring the IXA market research budget to this meeting, Susan and I have not really had a chance to review it post-budget development last year.

thanks!

Jamie

Jamie Foley

Director, Global Commercialization - Oncology

Bristol-Myers Squibb Company

#609.252.6726

-----Original Appointment-----

From: Abanyie, Latrice
Sent: Wednesday, February 17, 2010 8:35 AM
To: Foley, Jamie
Subject: Accepted: IMS data Breast
When: Thursday, February 18, 2010 11:00 AM-11:45 AM (GMT-05:00) Eastern Time (US & Canada).
Where: B2 316

BMS02376

From: Foley, Jamie <jamie.foley@bms.com>
Sent: Wednesday, February 24, 2010 9:26 AM
To: Heinberg, Susan <susan.heinberg@bms.com>
Subject: FW: Avastin use in HER2- MBC

Susan, Yue Yu can get this for us, right?

Jamie Foley
Director, Global Commercialization - Oncology
Bristol-Myers Squibb Company
#609.252.6726

From: Guo, Dan
Sent: Wednesday, February 24, 2010 9:17 AM
To: Foley, Jamie
Subject: Avastin use in HER2- MBC

Hi Jamie,

Thanks again for our discussion yesterday. Do you have some patient data for Avastin in MBC? I'd like to know the % break-down of Avastin use among the three major patient segments, i.e.,

1. HER2-, HR-
2. HER2-, HR+
3. HER2-, regardless of HR status

Thanks, Dan

BMS02386

From: Heinberg, Susan <susan.heinberg@bms.com>
Sent: Wednesday, February 24, 2010 12:26 PM
To: Heinberg, Susan <susan.heinberg@bms.com>; Guo, Dan <dan.guo@bms.com>
Cc: Foley, Jamie <jamie.foley@bms.com>
Subject: RE: Avastin use in HER2- MBC

Dan

I would like to clarify that the Avastin usage detailed here is all in combination with chemoTx.

There is virtually no usage to date of any targeted agent in combination with AIs in the HER2- space. We are working with Yue Yu to get more precise data on this but the data thus far suggests that less than 1% get any targeted agent.

Susan

From: Heinberg, Susan
Sent: Wednesday, February 24, 2010 10:16 AM
To: Guo, Dan
Cc: Foley, Jamie
Subject: RE: Avastin use in HER2- MBC

Hi Dan

Can I clarify your request. Do you want to know what share of each of the 3 patient segments current receives Avastin? Do you need any more detail regarding LOT etc.

Attached is a deck which gives you a lot of detail about Avastin usage in the overall HER2- population (segment 3 identified below). Maybe you could identify which slide(s) you also want to see for the HER2- subsegments (HR+ and HR-). I'm fairly certain Avastin shares will be similar for the subsegments but we'll see.

Once clarified I'll go to Yue Yu with your query.

Susan

From: Guo, Dan
Sent: Wednesday, February 24, 2010 9:17 AM
To: Foley, Jamie
Subject: Avastin use in HER2- MBC

Hi Jamie,

Thanks again for our discussion yesterday. Do you have some patient data for Avastin in MBC? I'd like to know the % break-down of Avastin use among the three major patient segments, i.e.,

1. HER2-, HR-
2. HER2-, HR+
3. HER2-, regardless of HR status

Thanks, Dan

BMS02388

EXHIBIT U

The IRS' 20 Questions for Independent Contractors

Are you *Really* an Independent Contractor?

Independent contractors who don't know about — or who ignore — the relevant aspects of current contractor tax law are endangering their own livelihood and pose a significant threat to their client companies.

The IRS is currently funding California's Employment Development Department (EDD) to conduct twice as many independent contractor-related corporate tax audits as they did last year. Such audits routinely last 18 months and the resources required to prepare for them frequently put small and even mid-size companies out of business. If your client loses its fight, the penalties (for failure to withhold employment taxes and provide you with benefits, etc.) can amount to 50 percent of the money it paid you.

Worst of all, when EDD's done with your (by now, former) client, guess who's next? That's right — the Franchise Tax Board and IRS come after you and, *at the very least*, disallow your related business deductions.

They're complex, arbitrary, and inconsistently applied, but knowing the rules can keep you and your clients safe. So here they are, in a nutshell:

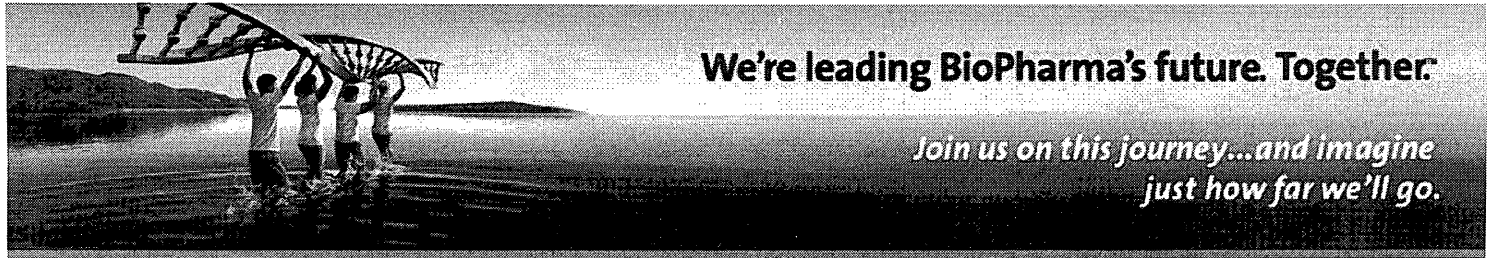
Under United States common law, a worker is an employee if the person for whom he or she works has the *right to direct and control the way he or she works*, both as to the final result *and* as to the details of *when, where, how, and in which sequence* the work is to be done. It is the IRS' view that *the employer need not actually exercise control*. It is sufficient that it has the right to do so.

In the absence of laws that override the safe harbor provisions detailed in Section 530 of the Revenue Act of 1978, IRS has adopted 20 rules to determine whether workers are employees. In brief, these rules are directed at the following questions; the answers most favorable to contractors follow in parentheses.

The 20 Questions

1. Are you required to comply with instructions about when, where, and how the work is to be done? (No.)
2. Does your client provide you with training to enable you to perform a job in a particular method or manner? (No.)
3. Are the services you provide integrated into your client's business operation? (No.)
4. Must the services be rendered by you personally? (No.)
5. Do you have the capability to hire, supervise, or pay assistants to help you in performing the services under contract? (Yes.)
6. Is the relationship between you and the person or company you perform services for a continuing relationship? (No.)
7. Who sets the hours of work? (You do.)
8. Are you required to devote your full time to the person or company you perform services for? (No.)
9. Is the work performed at the place of business of the potential employer? (No.)
10. Who directs the order or sequence in which the work must be done? (You do.)
11. Are you required to provide regular written or oral reports to your client? (No.)
12. What is the method of payment — hourly, commission or by the job? (Contingency or project milestone-based payments are ideal.)
13. Are your business and/or traveling expenses reimbursed? (No.)
14. Who furnishes tools and materials used in providing services? (You do.)
15. Do you have a significant investment in facilities used to perform services? (Yes. The more substantial your investment, the better.)
16. Can you realize both a profit and a loss? (Yes.)
17. Can you work for a number of firms at the same time? (Yes.)
18. Do you make your services available to the general public? (Yes. It's a good idea to have a business listing in the phone book, for example.)
19. Are you subject to dismissal for reasons other than nonperformance of contract specifications? (No. Also, your client should provide at least a week's notice. At will termination makes you look like an employee.)
20. Can you terminate your relationship without incurring a liability for failure to complete a job? (Yes, assuming you're working on a time-and-materials basis. If you're working on a project, or milestone, basis, you are obligated to deliver on your commitments if you wish to be paid for your efforts.)

EXHIBIT V



We're leading BioPharma's future. Together.

*Join us on this journey...and imagine
just how far we'll go.*

Job Description

ASSOCIATE DIRECTOR US MR NIVOLUMAB(1204522)

Description

This position is responsible for Customer Insights/ market research for the US Anti PD-1 Lung indication under the leadership /supervision of a Director I/O or Nivolumab. This position requires an experienced marketing research professional to represent the market research function on cross-functional business teams with contributions that are consistent with the Customer Insights and Analytics vision and strategies, and drive superior strategic planning for the brand. The person in this role must have the ability to independently manage complex business issues by appropriately framing the business questions and identifying well-reasoned solutions to addressing them. He/she should be able to accurately assess business issues and develop appropriate market research designs to address them. This role requires mastery of both primary and secondary research planning, design and analysis. The appropriate candidate must demonstrate strong technical understanding of marketing research tools and techniques, and superior analytic skills. The person in this role must demonstrate strong verbal and written communication skills, and the ability to positively influence business decisions by leveraging marketing research data. He/she must be able to communicate concisely and positively with all levels and functions in the organization. Presentation of marketing research results must include well-developed conclusions and implications that are designed to impact business decisions at a strategic level. The person in this role must be able to work effectively in a fast-paced environment and to be responsive and adaptive to business issues and needs as they evolve. This person must work constructively and effectively with the broader anti PD-1 team and the IO franchise (including Yervoy) cross-functional team members and global counterparts, as well as with our marketing research vendors. Must be able to give clear direction to vendors and oversee the execution of projects.

Qualifications

Candidate must have a bachelor's degree and a minimum of 7 years of relevant marketing research experience. An advanced degree and oncology marketing research experience as well as recent pre launch/launch experience is preferred, but high-potential candidates with other backgrounds will also be considered. The ideal candidate for this position must have demonstrated ability to leverage high-value marketing research to enhance and improve decision making. He/she must be adept at developing marketing research plans/budgets which align with the top business priorities; possess well developed business skills including the ability to identify key market drivers, stakeholders, the ability to think through viable customer models and other launch execution levers, and the ability to develop KPIs and track launch metrics, a solid breadth and depth of experience with various qualitative and quantitative methods, including conjoint, segmentation, positioning, and message testing; have strong executional skills and ability to manage projects within the allotted budget and timeframe; have demonstrated strong analytic capabilities; deep knowledge and experience with syndicated data sources is essential; strong communication skills and the ability to successfully work across functions is required. Experience and familiarity with forecasting models and approaches is also a requirement.

Job Function Market Research

Primary Location NA-US-NJ-Plainsboro

Organization Global Commercialization - Market Research